FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45204 (7)

1. Corporation Name
W.P.B. BERKSHIRE A CONDO ASS'N INC.

Principal Place of Business	Mailing Address
18 BERKSHIRE A WEST PALM BEACH FL 33417	18 BERKSHIRE A WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0333728 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINBERG, SIDNEY
18 BERKSHIRE A
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, JESSE	1.2 NAME	
STREET ADDRESS	17 BERKSHIRE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, MAX	2.2 NAME	$100014865545
STREET ADDRESS	10 BERKSHIRE A	2.3 STREET ADDRESS	-04/27/95--01047---003
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SANFORD, EMILY	3.2 NAME	
STREET ADDRESS	4 BERKSHIRE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERG, SIDNEY	4.2 NAME	
STREET ADDRESS	18 BERKSHIRE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	~~LERNER, PEARL~~	5.2 NAME	D PATRICIA QUINTO
STREET ADDRESS	~~6 BERKSHIRE A~~	5.3 STREET ADDRESS	1 BERKSHIRE A
CITY-ST-ZIP	~~W PALM BCH FL~~	5.4 CITY-ST-ZIP	WEST PALM BCH FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	REDMAN, ANN	6.2 NAME	
STREET ADDRESS	22 BERKSHIRE A	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: Sidney Weinberg SIDNEY WEINBERG 4/18/95 (407)684-6116
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #