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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 763938 (8)
1. Corporation Name
VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
660 BERKELEY STREET #14 BOCA RATON FL 33487
660 BERKELEY STREET #14 BOCA RATON FL 33487-2451

3. Date Incorporated or Qualified 06/28/1982
3a. Date of Last Report 01/29/1996
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
WYMER, GEORGE
661 COVENTRY ST. #8
BOCA RATON FL 33487

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *George I Wymer (PRESIDENT)* JAN 14 1997 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, JAN	
STREET ADDRESS	659 COVENTRY ST.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, WILLIE	
STREET ADDRESS	662 BERKLEY ST.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WYMER, GEORGE	
STREET ADDRESS	661 COVENTRY ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STEFFINS, MARIAN	
STREET ADDRESS	660 BERKLEY ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WYMER, GEORGE I	
STREET ADDRESS	661 COVENTRY ST	
CITY - ST - ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEITH COPEN	
1.3 STREET ADDRESS	660 BERKLEY ST.	
1.4 CITY - ST - ZIP	BOCA RATON FL. 33487	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HASSETT	
2.3 STREET ADDRESS	3600 NW 24 WAY	
2.4 CITY - ST - ZIP	BOCA RATON, FL. 33487	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEITH COPEN	
3.3 STREET ADDRESS	660 BERKLEY ST.	
3.4 CITY - ST - ZIP	BOCA RATON, FL. 33487	
4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FLAMMIA, NANCY	
4.3 STREET ADDRESS	384 HICKORY HILL RD.	
4.4 CITY - ST - ZIP	THOMASTON, CONN.	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOEGENBURG, CLAY	
5.3 STREET ADDRESS	667 COVENTRY ST	
5.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GARDNER, ROBIN	
6.3 STREET ADDRESS	669 COVENTRY ST.	
6.4 CITY - ST - ZIP	BOCA RATON, FL. 33487	

14. I do hereby certify that the information supplied with this filing 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 an attachment with an address.

SIGNATURE: *George I Wymer* DATE: JAN 14, 1997, 561.997.7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0039733

CR2E037 (9/96)