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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

06/28/1982

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 456 BERKLEY ST

Suite, Apt. #, etc.

22 UNIT # 1

City & State

23 BOCA RATON, FL

Zip

24 33487

Country

25 USA

2a. Mailing Address

26 456 BERKLEY ST

Suite, Apt. #, etc.

27 UNIT # 1

City & State

28 BOCA RATON, FL

Zip

29 33487

Country

30 USA

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYMER, GEORGE
661 COVENTRY ST. #8
BOCA RATON FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COPEN, KEITH
STREET ADDRESS 660 BERKLEY ST
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

TITLE VD
NAME MOEGENBURG, CLAY
STREET ADDRESS 667 COVENTRY ST
CITY-ST-ZIP BOCA RATON FL 33487 ☐ DELETE

TITLE SD
NAME GARDNER, ROBIN
STREET ADDRESS 669 COVENTRY ST
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

TITLE
NAME WYMER, GEORGE
STREET ADDRESS 661 COVENTRY ST
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME TIFFANY MANN
1.3 STREET ADDRESS 558 BERKLEY ST.
1.4 CITY-ST-ZIP BOCA RATON, FL 33487 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE SD
3.2 NAME DAWN MARIE DEARSTONE
3.3 STREET ADDRESS 456 BERKLEY ST
3.4 CITY-ST-ZIP BOCA RATON, FL 33487 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

[Signature] SD

4/17/98

561-997-5864

CR2E037 (10/97)