

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

65-0333728

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERG, SIDNEY
18 BERKSHIRE A
WEST PALM BEACH FL 33417

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P GOODMAN, JESSE
17 BERKSHIRE A
W PALM BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V HAROWITZ, SAM
6 BERKSHIRE A
W PALM BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S SANFORD, EMILY
4 BERKSHIRE A
W PALM BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD WEINBERG, SIDNEY
18 BERKSHIRE A
W PALM BCH FL 33417

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D QUINTO, PATRICIA
1 BERKSHIRE A
W PALM BCH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D THOMAS, DIANA
12 BERKSHIRE A
W PALM BCH FL 33417

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRES. (D) HOROWITZ, SAM

6 BERKSHIRE A

W PALM BCH FL

33417

VIC PRES (D) ALLEN, MILORAD

7 BERKSHIRE A

W PALM BCH FL

33417

SGT (D) QUINTO, PATRICIA

1 BERKSHIRE A

W PALM BCH FL

33417

DIANA PLUSCH

15 BERKSHIRE A

W PALM BCH FL

33417

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: SIDNEY WEINBERG, SECRETARY

CR2E037 (10/97)