

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90006 034 \*\*\*\*61.50

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 763938**

1. Corporation Name

**VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.**

\* 594678 - 90000 - 01

Principal Place of Business

Mailing Address

656 BERKLEY ST  
 UNIT #1  
 BOCA RATON FL 33487  
 US

656 BERKELEY STREET  
 UNIT #1  
 BOCA RATON FL 33487  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/28/1982

23 City & State

27 City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

24 Zip Country

28 Zip Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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  
**DEARSTONE, DAWN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**656 BERKLEY ST**  
 83 ~~BOCA~~  
 84 City **BOCA RATON** FL 85 Zip Code **33487**

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 **DAWN DEARSTONE**

*[Signature]*

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, TIFFANY	1.2 NAME	TAURAS, ROBERT
STREET ADDRESS	558 BERKELEY STREET	1.3 STREET ADDRESS	661 COVENTRY ST
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOEGENBURG, CLAY	2.2 NAME	<i>[Signature]</i>
STREET ADDRESS	667 COVENTRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARSTONE, DAWN MARIE	3.2 NAME	DEARSTONE, DAWN MARIE
STREET ADDRESS	656 BERKELEY ST	3.3 STREET ADDRESS	656 BERKLEY ST
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYMER, GEORGE	4.2 NAME	T SCHAAF, ANNETTE
STREET ADDRESS	661 COVENTRY ST	4.3 STREET ADDRESS	459 Berkeley St
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

7.07.99 561-997-5864

CR2E037 (5/99)