

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90213 002 ****61.25

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DOCUMENT # 763938

1. Entity Name
VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 656 BERKLEY ST UNIT #1 BOCA RATON FL 33487 US	Mailing Address 2289 NW 2ND AVE UNIT #21 BOCA RATON FL 33431 US
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2. Principal Place of Business 2298 NW 2ND AVE	3. Mailing Address 2298 NW 2ND AVE
Suite, Apt. #, etc. UNIT 21	Suite, Apt. #, etc. UNIT 21
City & State BOCA RATON, FL.	City & State BOCA RATON, FL.
Zip 33431	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BURCKES, THOMAS M
 2298 NW 2ND AVE
 #21
 BOCA RATON FL 33431**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE THOMAS M BURCKES, Treasurer *[Signature]* **4/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAVRAS, ROBERT 661 COVENTRY ST BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHAAF, ANNETTE 659 BERKELEY ST BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELLIOTT, HAROLD C 660 BERKLEY STREET BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS M. BURCKES 2298 NW 2nd AVE #21 BOCA RATON, FL. 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAAF, ANNETTE 659 BERKLEY ST. 130CA RATON, FL. 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, HAROLD C. 660 BERKLEY STREET BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MICHAEL PARK 662 BERKLEY STREET BOCA RATON FL. 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M BURCKES *[Signature]* **THOMAS M. BURCKES** **4/17/01** **(561) 274-8413**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)