


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90295 041 ****61.25

DOCUMENT # N45204 1. Entity Name W.P.B. BERKSHIRE A CONDO ASS'N INC.					
Principal Place of Business 6 BERKSHIRE A WEST PALM BEACH, FL 33417			Mailing Address 6 BERKSHIRE A WEST PALM BEACH, FL 33417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOROWITZ, SAM 6 BERKSHIRE A WEST PALM BEACH, FL 33417				Name <u>Verena Ierardi</u> Street Address (P.O. Box Number is Not Acceptable) <u>10 Berkshire A</u> City <u>W' Palm-Beach</u> FL Zip Code <u>33417</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Verena Ierardi</u> DATE <u>4/1/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENSON, JIM 17 BERKSHIRE A WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alfred-Grillo - (VP) 21 Berkshire A W' Palm Beach FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOROWITZ, SAM 6 BERKSHIRE A W PALM BCH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Verena-Ierardi (P) 10 Berkshire-A W' Palm-Beach FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUINTO, PATRICIA 1 BERKSHIRE A WEST PALM BEACH, FL 33417		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAPODANO, ELIZABETH 3545 TAFT STREET WANTAGH, NY 11793		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORILLO, ALFRED 21 BERKSHIRE WEST PALM BEACH, FL 33417		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DIANA 12 BERKSHIRE A W PALM BCH, FL 33417		<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: <u>Verena Ierardi</u> DATE <u>4/1/04</u> 561-683-6653 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					