


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 763938</b>						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">05 JUL 25 PM 2:42</p> <p style="font-size: 1.5em; margin: 0;">03/14/05 90102 028 6125</p> <p style="font-size: 0.8em; margin: 0;">SECRETARY OF STATE ALLAHABAD, INDIA</p>	
<b>1. Entity Name</b> VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.				<b>Principal Place of Business</b> 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US		<b>Mailing Address</b> 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		07072005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>59-2318858</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
GELFAND, JAYME V.P. 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City			
				<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>	
						<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILSON, CATHY			NAME			
STREET ADDRESS	301 W. CAMINO GARDENS BLVD., STE 200			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRIESTLEY, NIGEL			NAME	Doug McLean		
STREET ADDRESS	301 W. CAMINO GARDENS BLVD., STE 200			STREET ADDRESS	301 W Camino Gardens Blvd Ste 200		
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAAF, ANNETTE			NAME			
STREET ADDRESS	301 W. CAMINO GARDENS BLVD., STE 200			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORZESE, CARMELO			NAME	Nancyne Forzese		
STREET ADDRESS	301 W. CAMINO GARDENS BLVD., STE 200			STREET ADDRESS	301 W Camino Gardens Blvd, Ste 200		
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	Anne Marie Mullen		
STREET ADDRESS				STREET ADDRESS	301 W Camino Gardens Blvd, Ste 200		
CITY-ST-ZIP				CITY-ST-ZIP	Boca Raton, FL 33432		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 or without like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>7/18/05</b> Daytime Phone #: <b>561-392-0977</b>			