


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90118 020 ****61.25

DOCUMENT # 763938			
1. Entity Name VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US		Mailing Address 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US	
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	
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 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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	PD WILSON, CATHY 301 W. CAMINO GARDENS BLVD., STE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLEAN, DOUG 301 W. CAMINO GARDENS BLVD., STE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAAF, ANNETTE 301 W. CAMINO GARDENS BLVD., STE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORZESE, NANCYNE 301 W. CAMINO GARDENS BLVD., STE 200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, ANNE M 301 W. CAMINO GARDENS BLVD., STE 200 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Laurahee Kelly 301 W. Camino Gardens Blvd. Ste 200 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <i>Nancyne M Forzese</i>		Date: <i>3/10/06</i> Daytime Phone #: <i>561-912-9110</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	