

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763938

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

656 BEKELEY ST.  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

656 BERKELEY ST.  
BOCA RATON, FL 33487 US

**New Mailing Address:**

FEI Number: 59-2318858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEIZMAN, MICHAEL CONDO  
656 BERKELEY ST.  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: FORMAN, ALEXIS MS.  
Address: 658 BERKELEY ST.  
City-St-Zip: BOCA RATON, FL 33487

Title: VPD      ( ) Delete  
Name: MCLEAN, DOUG  
Address: 665 COVENTRY  
City-St-Zip: BOCA RATON, FL 33487

Title: T      ( ) Delete  
Name: SCHAAF, ANNETTE  
Address: 659 COVENTRY ST.  
City-St-Zip: BOCA RATON, FL 33487

Title: P      ( ) Delete  
Name: SPEIZMAN, MICHAEL  
Address: 656 BERKELEY ST.  
City-St-Zip: BOCA RATON, FL 33487

Title: D      ( ) Delete  
Name: PICK, TOM  
Address: 655 COVENTRY ST.  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SPEIZMAN

P

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date