

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734956

Entity Name: THE BERESFORD CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**350 S OCEAN BLVD
BOCA RATON, FL 33432**Current Mailing Address:**350 S OCEAN BLVD
BOCA RATON, FL 33432 US**FEI Number:** 59-1763112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
625 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US*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**Officer/Director Detail :**

Title	TREASURER
Name	DANIELS, LOREN
Address	350 S. OCEAN BLVD - # 11-D
City-State-Zip:	BOCA RATON FL 33432

Title	DIR
Name	COVEN, STUART
Address	350 S. OCEAN BLVD - # PH-C
City-State-Zip:	BOCA RATON FL 33432

Title	SECRETARY
Name	CLARK, ROBERT
Address	350 S OCEAN BLVD
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	LANDAU, MARK
Address	350 SOUTH OCEAN BLVD - # 10-B
City-State-Zip:	BOCA RATON FL 33432

Title	PRESIDENT
Name	VAN NESS, ANTHONY
Address	350 SOUTH OCEAN BLVD - #2-C
City-State-Zip:	BOCA RATON FL 33432

Title	BUILDING MANAGER
Name	SMITH, THEODORE
Address	350 S OCEAN BLVD LOBBY OFFICE
City-State-Zip:	BOCA RATON FL 33432

I hereby 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 all other like empowered.

SIGNATURE: THEODORE SMITH**MANAGER****03/22/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date