

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 708157 1. Entity Name THE NARBERTH CONDOMINIUM INCORPORATED					
Principal Place of Business 156 GLEASON STREET DELRAY BEACH FL 33483			Mailing Address 60 VENETIAN DRIVE DELRAY BEACH FL 33483 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1115745	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERGIO'S PROPERTY MGMT INC 60 VENETIAN DR DELRAY BEACH FL				7. Name and Address of New Registered Agent 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 reappointing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	DP			1100000456378	
	STANKOVIC, RUDY			113/18/06-80027-003 61.25	
	144 GLEASON STREET				
	DELRAY BEACH FL 33483				
	DVP				
	GOODMAN, JOHN				
	154 GLEASON STREET, UNIT E				
	DELRAY BEACH FL 33483				
	DS				
	COLIN, JAY				
	162 GLEASON STREET, UNIT G				
	DELRAY BEACH FL 33483				
	T				
	SERGIO, JOHN H				
	60 VENETIAN DRIVE				
	DELRAY BEACH FL 33483				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____ DATE _____