


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90044 015 ****61.25

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 - No P.O. Box #		3. Mailing Address <i>43 South Pompano Pkwy</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># 273</i>			
City & State		City & State <i>Pompano Beach, FL</i>		4. FEI Number 59-1115745	
Zip	Country	Zip <i>33069</i>	Country <i>Broward</i>	5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Personea Property Mgmt, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>43 South Pompano Pkwy # 273</i> City <i>Pompano Beach</i> FL Zip Code <i>33069</i>		
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: <i>Sergio M. Andres, Treasurer</i> 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANKOVIC, RUDY		NAME		
STREET ADDRESS	144 GLEASON STREET		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODMAN, JOHN		NAME		
STREET ADDRESS	154 GLEASON STREET, UNIT E		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<i>S, T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN, JAY		NAME		
STREET ADDRESS	162 GLEASON STREET, UNIT G		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERGIO, JOHN H		NAME		
STREET ADDRESS	60 VENETIAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
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		
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 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>Sergio M. Andres</i>			Date <i>4/30/07</i> Daytime Phone # <i>9549700799</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					