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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729278** (2)
1. Corporation Name
BERKSHIRE "B" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1023 BERKSHIRE B DEERFIELD BEACH FL 33442 US	Mailing Address 1023 BERKSHIRE B DEERFIELD BEACH FL 33442-3330 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/05/1974	3a. Date of Last Report 03/20/1996
				4. FEI Number 59-1870183	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAKSER, BEA CENTURY VILLAGE, BERKSHIRE B 1023 DEERFIELD BEACH FL 33442		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 900002159459--4 -04/29/97--01109--001 84 City FL 33442	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKSER, BEA	1.2 NAME	BEA LAKSER
STREET ADDRESS	BERKSHIRE B 1023	1.3 STREET ADDRESS	1023 BERKSHIRE B
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	DEERFIELD BCH, FLA 33442
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	WEISS, LOTTIE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, BEN	2.2 NAME	BERKSHIRE B
STREET ADDRESS	1039 BERKSHIRE B	2.3 STREET ADDRESS	DEERFIELD BCH FL 33442
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE	D/P <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, SPITZ	3.2 NAME	LOUIS SPITZ
STREET ADDRESS	4023 BERKSHIRE B	3.3 STREET ADDRESS	4023 BERKSHIRE B
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	DEERFIELD BCH, FLA 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKSER, MORTON	4.2 NAME	HELEN BONFIGLIO
STREET ADDRESS	1023 BERKSHIRE B	4.3 STREET ADDRESS	4028 BERKSHIRE B
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	DEERFIELD BCH, FLA 33442
TITLE	D-T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY-DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKSER, BEA	5.2 NAME	ANITA PLASTIK
STREET ADDRESS	BERKSHIRE B 1023	5.3 STREET ADDRESS	4040 BERKSHIRE B
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	DEERFIELD BCH, FLA 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDIE, RITTER	6.2 NAME	JACK SCHNEIDER
STREET ADDRESS	BERKSHIRE B 1033	6.3 STREET ADDRESS	3040 BERKSHIRE B
CITY-ST-ZIP	DEERFIELD BEACH FL	6.4 CITY-ST-ZIP	DEERFIELD BCH, FLA 33442

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BEA LAKSER** **7/21/97** **954-428-5994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042980

CR2E037 (9/96)