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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified
04/05/1974

4. FEI Number
59-1870183

Applied For
☐ Not Applicable

2. Principal Place of Business 21 BERKSHIRE "B" Suite, Apt. #, etc. 22 3040 City & State 23 DEERFIELD BEACH, FL Zip 24 33442 Country 25 U.S.	2a. Mailing Address 26 BERKSHIRE "B" Suite, Apt. #, etc. 27 3040 City & State 28 DEERFIELD BEACH, FL Zip 29 33442 Country 30 U.S.
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LAKSER, BEA
CENTURY VILLAGE, BERKSHIRE B1023
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name SCHNEIDER, JACK
82 Street Address (P.O. Box Number is Not Acceptable) CENTURY VILLAGE
83 BERKSHIRE "B" 3040
84 City DEERFIELD BEACH FL 85 Zip 33442

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 *Jack Schneider* DATE **1/9/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LAKSER, BEA	
STREET ADDRESS	1023 BERKSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, LOTTIE	
STREET ADDRESS	BERKSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPITZ, LOUIS	
STREET ADDRESS	4023 BERKSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BONFIGLIO, HELEN	
STREET ADDRESS	4028 BERKSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PLASTRIK, ANITA	
STREET ADDRESS	4040 BERKSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, JACK	
STREET ADDRESS	3040 BERKSHIRE B	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCHNEIDER, JACK	
1.3 STREET ADDRESS	3040 BERKSHIRE "B"	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARBARA BROWN	
4.3 STREET ADDRESS	4027 BERKSHIRE "B"	
4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002474363	
5.3 STREET ADDRESS	-04/01/98--01022--010	
5.4 CITY-ST-ZIP	***15006.25	
6.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DI GUARDIA, IGNATIUS	
6.3 STREET ADDRESS	4035 BERKSHIRE B	
6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442	

14. I 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: *Treasurer P. Jack Schneider* DATE **1/9/98** **954-426-0160**

CR2E037 (1097)