

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729278

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** BERKSHIRE "B" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4027 BERKSHIRE B  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 59-1870183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, BARBARA  
4027 BERKSHIRE B  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWN, BARBARA  
Address: 4027 BERSKSHIRE B  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: T  
Name: LEIBER, STEVEN  
Address: 4033 BERKSHIRE B  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S  
Name: LOCKWOOD, CAROL  
Address: 3034 BERKSHIRE B  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP  
Name: AUTENRIETH, BARBARA  
Address: 3032 BERKSHIRE B  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: BENSON, MARIE  
Address: 1032 BERKSHIRE B  
City-St-Zip: DEERFIELD BEACH, FL 33442

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:** HEATHER HATT

MS

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date