FILE NOW: FILING FEE IS $61.25

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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

DOCUMENT # **730029** **(6)**

1. Corporation Name

BERKSHIRE "C" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	*Mailing Address*
C/O JACK DAVIDSON BERKSHIRE "C" #4042/CVE DEERFIELD BEACH FL 33442	C/O JACK DAVIDSON BERKSHIRE "C" #4042/CVE DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 06/21/1974
3a. Date of Last Report: 04/27/1996

2. Principal Place of Business
21 c/o CAROL WEINBERGER
22 Suite, Apt. #, etc. BERKSHIRE C-2045
23 City & State DEERFIELD BEACH, FL
24 Zip 33442 25 Country

2a. Mailing Address
26 c/o CAROL WEINBERGER
27 Suite, Apt. #, etc. BERKSHIRE C-2045
28 City & State DEERFIELD BEACH, FL
29 Zip 33442 30 Country

4. FEI Number: 59-1906109 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

CONDOMINIUM OWNERS ORGANIZATION
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
800002159458--7
83 -04/29/97--01109--001
**15190.00 61.25
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SCHNELL, HAROLD		1.2 NAME	WEINBERGER, CAROL	
STREET ADDRESS	BERKSHIRE C-3045		1.3 STREET ADDRESS	BERKSHIRE C-2045	
CITY-ST-ZIP	DEERFIELD BCH, FL 0		1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DAVIDSON, JACK		2.2 NAME	SCHNELL, HARRY	
STREET ADDRESS	BERKSHIRE C 4042		2.3 STREET ADDRESS	BERKSHIRE C-3045	
CITY-ST-ZIP	DEERFIELD BCH, FL 0		2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	D	☐ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	GOLDSTEIN, SEYMOUR		3.2 NAME	ROSENSTEIN, FLORENCE	
STREET ADDRESS	BERKSHIRE C 2048		3.3 STREET ADDRESS	BERKSHIRE C-3046	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	VD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CHESTER, HERMAN		4.2 NAME	BROWN, MIRIAM	
STREET ADDRESS	BERKSHIRE C 4043		4.3 STREET ADDRESS	BERKSHIRE C-3050	
CITY-ST-ZIP	DEERFIELD BCH, FL 0		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	S	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	PLAPINGER, PAULINE		5.2 NAME	KATZ, WALTER	
STREET ADDRESS	BERKSHIRE C 4051		5.3 STREET ADDRESS	BERKSHIRE C-3054	
CITY-ST-ZIP	DEERFIELD BCH, FL 0		5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LEVANT, CECILE		6.2 NAME	WELCH, MARIE	
STREET ADDRESS	BERKSHIRE C 2047		6.3 STREET ADDRESS	BERKSHIRE C-1048	
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	

CR2E037 (9/96)

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.

954-426 2962

SIGNATURE: SIGNATURE REQUIRED CAROL WEINBERGER 1/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078971