

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730029

1. Entity Name

BERKSHIRE "C" CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90074 047 ****61.25

Principal Place of Business

Mailing Address

C/O CAROL WEINBERGER
BERKSHIRE C 2045
DEERFIELD BEACH FL 33442

C/O CAROL WEINBERGER
BERKSHIRE C 2045
DEERFIELD BEACH FL 33442-3344

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1906109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINBERGER, CAROL BERKSHIRE C 2045 DEERFIELD BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNELL, HARRY BERKSHIRE C 3045 DEERFIELD BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUCHBINDER, HANNAH BERKSHIRE C 1051 DEERFIELD BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MIRIAM BERKSHIRE C 3050 DEERFIELD BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEG, EDITH BERKSHIRE C 3041 DEERFIELD BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLO, ALEX BERKSHIRE C 4048 DEERFIELD BEACH FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONNIE SPITZ BERKSHIRE C 4042 DEERFIELD Bch. FLA.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DKING BERNICE BERKSHIRE C 3048 DEERFIELD Bch. FLA.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELEVANT CECELIA BERKSHIRE C 2047 DEERFIELD Bch FLA.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSINROD EDITH BERKSHIRE C 3041 DEERFIELD Bch- FLA.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: *P.D. CAROL WEINBERGER* 1/10/00 (954) 426-2962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)