2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754533 Jul 07, 2000 08:00 AM 1. Entity Name **Secretary of State** BERKSHIRE-BY-THE-SEA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 126 NORTH OCEAN BLVD. 126 NORTH OCEAN BLVD. FL DELRAY BEACH FL DELRAY BEACH 33483 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2118671 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOISEUX, ANDRE 126 N OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH FL33444 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. 07/07/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE D X Addition NAME NAME WARREN DAROTHY STREET ADDRESS STPEET ADDRESS 30755 TIMBERBROOK LN CITY-ST-ZIP CITY-ST-ZIP BINGHAM FARMS М 48025 TITLE ☐ Delete D ☐ Change XI Addition NAME NAME CAHALY RICHARD STREET ADDRESS STREET ADDRESS 111 KENDALL ROAD CITY-ST-ZIP CITY-ST-ZIP LEXINGTON MA 02421 TITLE ☐ Delete TITLE X Change Addition NAME NAME WARREN DOROTHY TOMENSON ROGERS STREET ADDRESS 30755 TIMBERBROOK LANE STREET ADDRESS 19 STUBBS DRIVE CITY-ST-ZIP CITY-ST-ZIP BINGHAM FARMS МТ WILLOWDALE, ONTARIO ON CANADA TITLE ☐ Delete TITLE XI Change ☐ Addition NAME MATTHEWS DEBORAH WETZELL GERI STREET ADDRESS 53 BELL CRES. STREET ADDRESS 271 BROWN BEAR CROSSING CITY-ST-ZIP CHARLOTTETOWN NAGOG WOODS CITY-ST-ZIP MA 01718 TITLE ☐ Delete TITLE D X Change ☐ Addition NAME SAMIJEL. GIULIANO NAR/F GOLDSTEIN ROBERT STREET ADDRESS 505 CLARK STREET STREET ADDRESS 6828 N. BARNETT LANE CITY-ST-ZIP SOUTH ORANGE CITY-ST-ZIP MILWAUKEE WI 53217 TITLE ☐ Delete TITLE TREA XI Change ☐ Addition NAME ARNOLD MICHAEL CONDI STREET ADDRESS 134 KENT STREET STREET ADDRESS 9909 CLAYTON RD. #207

FILED

CITY-ST-ZIP

ST-LOUIS

MO

CITY-ST-ZIP

CHARLOTTETOWN

^{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 eath; 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.