


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90114 034 \*\*\*\*61.25

<b>DOCUMENT # 763305</b> 1. Entity Name BERKSHIRE BEACH CLUB OF DEERFIELD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 500 NORTH A-1-A DEERFIELD BEACH, FL 33441			Mailing Address 500 NORTH A-1-A DEERFIELD BEACH, FL 33441		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2281904	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHWARTZ, RICHARD M 21306 RAINDANCE LANE BOCA RATON, FL 33428				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHTON, PETER <input type="checkbox"/> Delete PO BOX F2683 FREEPORT, BAHAMAS, XX 00000			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASHTON, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX F2683 FREEPORT, BAHAMAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLANAGAN, JACK <input type="checkbox"/> Delete 269 WALKER DETROIT, MI 48207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLANAGAN, Jack <input type="checkbox"/> Change <input type="checkbox"/> Addition 269 WALKER DETROIT, MI 48207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALERS, TERRENCE F <input type="checkbox"/> Delete 9 DIANE AVENUE SOUTH YARMOUTH, MA 02664			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALERS, TERRENCE F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9 DIANE AVENUE SOUTH YARMOUTH, MA 02664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>John Flanagan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/22/08 (321)453-3300 <small>Date Daytime Phone #</small>	