



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 763938</b> 1. Entity Name <b>VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> 05 JUL 25 PM 2:42 03/14/05 90102 028 6125 	
Principal Place of Business <b>301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US</b>				Mailing Address <b>301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2318858</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>GELFAND, JAYME V.P. 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE PD <input type="checkbox"/> Delete NAME WILSON, CATHY STREET ADDRESS 301 W. CAMINO GARDENS BLVD., STE 200 CITY-ST-ZIP BOCA RATON, FL 33432				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VPD <input checked="" type="checkbox"/> Delete NAME PRIESTLEY, NIGEL STREET ADDRESS 301 W. CAMINO GARDENS BLVD., STE 200 CITY-ST-ZIP BOCA RATON, FL 33432				TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Doug McLean STREET ADDRESS 301 W Camino Gardens Blvd Ste 200 CITY-ST-ZIP Boca Raton, FL 33432			
TITLE SD <input type="checkbox"/> Delete NAME SCHAAF, ANNETTE STREET ADDRESS 301 W. CAMINO GARDENS BLVD., STE 200 CITY-ST-ZIP BOCA RATON, FL 33432				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE TD <input checked="" type="checkbox"/> Delete NAME FORZESE, CARMELO STREET ADDRESS 301 W. CAMINO GARDENS BLVD., STE 200 CITY-ST-ZIP BOCA RATON, FL 33432				TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Nancyne Forzese STREET ADDRESS 301 W Camino Gardens Blvd, Ste 200 CITY-ST-ZIP Boca Raton, FL 33432			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Anne Marie Mullen STREET ADDRESS 301 W Camino Gardens Blvd, Ste 200 CITY-ST-ZIP Boca Raton, FL 33432			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 or without like empowered.							
<b>SIGNATURE:</b> _____ <i>President</i> <b>7/18/05 561-392-0977</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							