2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Mar 17, 2006 8:00 am Secretary of State DOOLING NEW TOOOGO

1. Entity Name VILLAS OF BERKLEY CONDOMINIUM ASSOCIATION, INC.				5 90118 020 ****61.25	
Principal Place of Business 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US Mailing Address 301 W. CAMINO GARDENS BLVD. SUITE 200 BOCA RATON, FL 33432 US			1,000m 160m 160m 160m 160m 16	NI ASA BURN BURN BURN BARN BURN BURNAL BURNAL BURNAL	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E037 (11/05)	
City & State	City & State		4. FEI Number 59-2318858	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desire	Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELFAND, JAYME V.P.		Name	Name		
301 W. CAMINO GARDENS BLVD. SUITE 200		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON, FL 33432					
		City	<u> </u>		
The above named entity submits this statement f the obligations of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in the State of	of Florida. I am familiar with, and accept	
SIGNATURE	nt and title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating)	DATE	
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Camp Trust Fund Cor			\$5.00 May Be	Make check payable to	
		Contribution.	Added to Fees	Florida Department of State	
10. OFFICERS AND D	IRECTORS	11,	Added to Fees	Florida Department of State	
10. OFFICERS AND D		11.	Added to Fees	Florida Department of State	
10. OFFICERS AND D TITLE PD NAME WILSON, CATHY	IRECTORS Delete	11. TITLE NAME	Added to Fees	Florida Department of State	
10. OFFICERS AND D	IRECTORS Delete	11.	Added to Fees	Florida Department of State	
10. OFFICERS AND D TITLE PD NAME WILSON, CATHY STREET ADDRESS 301 W. CAMINO GARDENS BL	IRECTORS Delete	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of State	
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Thereby 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

Date

Description

Date

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