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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR 15 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000004345

1. Corporation Name  
BERKSHIRE APARTMENTS, INC.

Principal Place of Business ATTN: G MARTIN 470 ATLANTIC AVE BOSTON MA 02210 US	Mailing Address ATTN: G MARTIN 470 ATLANTIC AVE BOSTON MA 02210 US
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3. Date Incorporated or Qualified  
08/18/1997

4. FEI Number  
75-2592519

Applied For	Not Applicable
8.75 Additional Fee Required	
5. Certificate of Status Desired	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

2. Principal Place of Business 21 1 Beacon Street-Suite 1550 Suite, Apt. #, etc. 22 Attn: K. Richard City & State 23 Boston, MA Zip 24 02108	25 Country	2a. Mailing Address 26 1 Beacon Street-Suite 1550 Suite, Apt. #, etc. 27 1 Beacon Street-Suite 1550 City & State 28 Boston, MA Zip 29 02108	30 Country
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1201 HAYS STREET
83 City	TALLAHASSEE
84 City	TALLAHASSEE

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KRUPP, DOUGLAS	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, DAVID	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, CHARLES N	
STREET ADDRESS	700 LOUISIANA	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PRITCHARD, MARIANNE	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPELFOGEL, SCOTT D	
STREET ADDRESS	470 ATLANTIC AVE	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	1 Beacon Street-Suite 1500	
13 STREET ADDRESS	Boston, MA 02108	
14 CITY-ST-ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	1 Beacon Street-Suite 1550	
23 STREET ADDRESS	Boston, MA 02108	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	1 Beacon Street-Suite 1550	
33 STREET ADDRESS	Boston, MA 02108	
34 CITY-ST-ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	1 Beacon Street-Suite 1550	
43 STREET ADDRESS	Boston, MA 02108	
44 CITY-ST-ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	1 Beacon Street-Suite 1500	
53 STREET ADDRESS	Boston, MA 02108	
54 CITY-ST-ZIP		
61 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Richard, Kenneth J.	
63 STREET ADDRESS	1 Beacon Street - Suite 1550	
64 CITY-ST-ZIP	Boston, MA 02108	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)