

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000120

FILED
Apr 09, 2009
Secretary of State

Entity Name: NEW BERLIN WAREHOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4969 BEACH BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

920 THIRD STREET
SUITE B
JACKSONVILLE, FL 32266 US

Current Mailing Address:

4969 BEACH BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

920 THIRD STREET
SUITE B
JACKSONVILLE, FL 32266 US

FEI Number: 20-2130536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTMORELAND, SHERMAN G
4969 BEACH BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WALLACE, L. DENISE
920 THIRD STREET
SUITE B
JACKSONVILLE, FL 32266 US

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.

SIGNATURE: L. DENISE WALLACE

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: WESTMORELAND, SHERMAN G
Address: 4969 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: SINGLETARY, RAYMOND
Address: 4969 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MEYERS, DAVID
Address: 4969 BEACH BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. DENISE WALLACE

RA

04/09/2009

Electronic Signature of Signing Officer or Director

Date