


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N08478
 1. Entity Name
BEROL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1601 W 64 ST 1601 W 64 ST
 38 SEXTON COVE ROAD HIALEAH, FL 33012 US
 HIALEAH, FL 33012 US

DO NOT WRITE IN THIS SPACE



01242004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0121770 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAMIREZ, BARNABE
 1601 W. 64TH ST.
 HIALEAH, FL 33012

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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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000095665
 03/24/04-80043-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, BARNABE 1601 W 64 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, OLGA 1601 W 64 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, OLGA 1601 W. 64TH ST/ HIALEAH, FL 33012
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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 all other like empowered.

SIGNATURE: Olga Ramirez **OLGA RAMIREZ** 03-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #