

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N08478

1. Entity Name
BEROL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
550 SW 138 AVE
K 106
P PINES, FL 33027 US

Mailing Address
1601 W 64 ST
HIALEAH, FL 33012 US

DO NOT WRITE IN THIS SPACE



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0121770

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, BARNABE
550 SW 138 AVE
APT 106
P PINES, FL 33027

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMIREZ, BARNABE
STREET ADDRESS	550 SW 138 AVE , K 106
CITY-ST-ZIP	P PINE, FL 33027
TITLE	VD
NAME	RAMIREZ, OLGA
STREET ADDRESS	550 SW 138 AVE , K 106
CITY-ST-ZIP	P PINES, FL 33027
TITLE	D
NAME	RAMIREZ, OLGA
STREET ADDRESS	550 SW 138 AVE , K 106
CITY-ST-ZIP	P PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000865530
04/07/08-80032-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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.

SIGNATURE:

Olga Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLGA RAMIREZ

03/15/08

Date

Daytime Phone #