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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N34154

1. Corporation Name

BERKELEY SQUARE OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1505 S OCEAN BLVD  
L1  
BOCA RATON FL 33432  
US

Mailing Address

1505 S OCEAN BLVD  
BOCA RATON FL 33432  
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/11/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0170844

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MANALILI, LORRAINE  
1505 S. OCEAN BLVD.  
APT. L-1  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Joanne Prevost Anzalone  
82 Street Address (P.O. Box Number is Not Acceptable): 1507 South Ocean Blvd.  
83: Ruskin # 8  
84 City: Boca Raton FL 85 Zip Code: 33432

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joanne Prevost Anzalone Joanne Prevost Anzalone 1/22/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for BADOUR, PATRICK; CONTOMPASIS, PETRO; ANNALANE, JOANNE; MANALILI, LORRAINE; GOUTES, PETER.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. 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 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 617, 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 REQUIRED [Signature: Peter H. Contompasis VP 1/22/99] [Signature: Joanne Prevost Anzalone Sec]

CR2E037 (11/98)