


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90158 022 ****61.25

DOCUMENT # N34154					
1. Entity Name BERKELEY SQUARE OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1505 S OCEAN BLVD L4 BOCA RATON FL 33432 US		Mailing Address 1505 S OCEAN BLVD L4 BOCA RATON FL 33432 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0170844	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUTSELIS, JUDITH A 1505 S OCEAN BLVD L4 BOCA RATON FL 33432			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
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 <i>Judith A. Boutselis</i>		SIGNATURE <i>Judith A. Boutselis</i>		DATE <i>3/29/06</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADOUR, PATRICK		NAME	<i>KATHLEEN SCHRIEFER</i>	
STREET ADDRESS	1503 SO. OCEAN BLVD.		STREET ADDRESS	<i>1507 S. OCEAN BLVD R-5</i>	
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP	<i>BOCA RATON, FL 33432 New</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTSELIS, JUDITH		NAME		
STREET ADDRESS	1505 S OCEAN BLVD L - 4		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVEHILL, MARY JANE		NAME		
STREET ADDRESS	1503 S OCEAN BLVD		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, WILLIAM		NAME		
STREET ADDRESS	1505 S. OCEAN BLVD		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANNA, GREGORY		NAME		
STREET ADDRESS	1503 S OCEAN BLVD W - 6		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL 33432		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JOANNE ANZALONE</i>		NAME		
STREET ADDRESS	<i>1507 S. OCEAN BLVD R-8</i>		STREET ADDRESS		
CITY - ST - ZIP	<i>BOCA RATON, FL 33432 New</i>		CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Judith A. Boutselis* *Judith A. BOUTSELIS* *3/29/06*