

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90132 043 \*\*\*\*61.25

**DOCUMENT # N37780**

1. Entity Name  
**BERKSHIRE E CV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O TRACEY ANTONELLI  
BERKSHIRE E CONDOMINIUM APT. E-115  
WEST PALM BEACH, FL 33417**

Mailing Address  
**C/O TRACEY ANTONELLI  
BERKSHIRE E CONDOMINIUM APT. E-115  
WEST PALM BEACH, FL 33417**

40045479



2. Principal Place of Business - No P.O. Box #  
**KOLB VANNA**

3. Mailing Address  
**100 BERKSHIRE E**

Suite, Apt. #, etc.  
**100 BERKSHIRE, E**

Suite, Apt. #, etc.  
**10**

City & State  
**W. P. B. FL.**

City & State  
**W. P. B. FL.**

Zip  
**33417**

Country

Zip  
**33417**

Country

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1636424**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ANTONELLI, TRACEY  
BERKSHIRE E CONDOMINIUM APT. E-115  
WEST PALM BEACH, FL 33417**

**7. Name and Address of New Registered Agent**

Name  
**KOLB. VANNA**

Street Address (P.O. Box Number is Not Acceptable)

**100 BERKSHIRE E**

City  
**W. P. B.**

FL

Zip Code  
**33417**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
POULIAS, JAMES  
116 BERKSHIRE E  
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ANTONELLI, R  
115 BERKSHIRE E  
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FEINBERG, JOAN  
8311 139TH STREET  
BRIARWOOD, NY 11435** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PEROTA, EDITH  
BERKSHIRE E-104  
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALTS  
PORTER, BETTY  
110 BERKSHIRE E  
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SANZO ROSE  
111 BERKSHIRE E  
W. P. B. FL. 33417** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
POULIAS, JAMES  
116 BERKSHIRE E  
WEST P. B. FL 33417** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RAY, RAHMEYER  
114 BERKSHIRE E  
W. P. B. FL. 33417** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FEINBERG, JOAN  
112 BERKSHIRE E  
W. P. B. FL. 33417** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LITZLER, JIM  
108 BERKSHIRE E  
W. P. B. FL. 33417** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALTS  
KOLB. VANNA  
100 BERKSHIRE E  
W. P. B. FL. 33417** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ALTS  
PORTER, BETTY  
106 BERKSHIRE E  
W. P. B. FL. 33417** ☐ Change ☐ Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 28.07**

Date

**561 6885618**

Daytime Phone #