


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90016 024 ****61.25

DOCUMENT # N37780 1. Entity Name BERKSHIRE E CV CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business KOLB VANNA 100 BERKSHIRE E WEST PALM BEACH, FL 33417			Mailing Address KOLB VANNA 100 BERKSHIRE E WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANTONELLI, TRACEY KOLB VANNA 100 BERKSHIRE E WEST PALM BEACH, FL 33417				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 _____					
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. <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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POULIAS, JAMES		NAME		
STREET ADDRESS	116 BERKSHIRE E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAHMEYER, RAY		NAME	Santiago, Miguel	
STREET ADDRESS	114 BERKSHIRE E		STREET ADDRESS	102 Berkshire E.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEINBERG, JOAN		NAME		
STREET ADDRESS	112 BERKSHIRE E		STREET ADDRESS		
CITY-ST-ZIP	BRIARWOOD, NY 11435		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITZLER, JIM		NAME		
STREET ADDRESS	108 BERKSHIRE E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	ALTS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOLB, VANNA		NAME	Sanzo, Rose	
STREET ADDRESS	100 BERKSHIRE E		STREET ADDRESS	105 Berkshire E.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	ALTS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PORTER, BETTY		NAME	Rahmeyer, Ray	
STREET ADDRESS	106 BERKSHIRE E		STREET ADDRESS	114 Berkshire E.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	West Palm Beach, FL 33417	
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: <i>Jim Litzler</i>			Date: 2/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 401-364-3454		