

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37859

FILED
Mar 11, 2009
Secretary of State

Entity Name: BERKSHIRE G CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

BERKSHIRE G CONDO
APT. 150
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

BERKSHIRE G CONDO
APT. 150
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-1635337 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STONE, WILLIAM W
145 BERKSHIRE G
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDTD () Delete
Name: ZIVOW, CECELIA
Address: BERKSHIRE G-150
City-St-Zip: W PALM BEACH, FL

Title: VDTD () Delete
Name: EISENBERG, KAREN
Address: BERKSHIRE G-144
City-St-Zip: W PALM BEACH, FL 33417

Title: TD () Delete
Name: STONE, WILLIAM
Address: BERKSHIRE G-145
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VDTD () Delete
Name: CUCCO, SILVINO
Address: BERKSHIRE G-144
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. STONE

TD

03/11/2009

Electronic Signature of Signing Officer or Director

Date