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May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45204** (7)

1. Corporation Name

W.P.B. BERKSHIRE A CONDO ASS'N INC.

Principal Place of Business

Mailing Address

18 BERKSHIRE A  
WEST PALM BEACH FL 33417

18 BERKSHIRE A  
WEST PALM BEACH FL 33417



3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

65-0333728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERG, SIDNEY  
18 BERKSHIRE A  
WEST PALM BEACH FL 33417

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME GOODMAN, JESSE  
STREET ADDRESS 17 BERKSHIRE A  
CITY-ST-ZIP W PALM BCH FL

TITLE V ☒ DELETE

NAME HAROWITZ, SAM  
STREET ADDRESS 6 BERKSHIRE A  
CITY-ST-ZIP W PALM BCH FL

TITLE S ☒ DELETE

NAME SANFORD, EMILY  
STREET ADDRESS 4 BERKSHIRE A  
CITY-ST-ZIP W PALM BCH FL

TITLE TD ☐ DELETE

NAME WEINBERG, SIDNEY  
STREET ADDRESS 18 BERKSHIRE A  
CITY-ST-ZIP W PALM BCH FL 33417

TITLE D ☒ DELETE

NAME QUINTO, PATRICIA  
STREET ADDRESS 1 BERKSHIRE A  
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE

NAME THOMAS, DIANA  
STREET ADDRESS 12 BERKSHIRE A  
CITY-ST-ZIP W PALM BCH FL 33417

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRES. (D)  
HOROWITZ, SAM  
6 BERKSHIRE A  
W PALM BCH FL 33417

VIC PRES (D)  
ALLEN, MILDRED  
7 BERKSHIRE A  
W PALM BCH FL 33417

SGT (D)  
QUINTO, PATRICIA  
1 BERKSHIRE A  
W PALM BCH FL 33417

(D) DIANA PLUSCH  
15 BERKSHIRE A  
W PALM BCH FL 33417

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.

SIGNATURE: SIDNEY WEINBERG, SECRETARY

CR2E037 (10/97)