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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90074 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N45204</b>			
1. Corporation Name <b>W.P.B. BERKSHIRE A CONDO ASS'N INC.</b>			
Principal Place of Business <b>18 BERKSHIRE A WEST PALM BEACH FL 33417</b>		Mailing Address <b>18 BERKSHIRE A WEST PALM BEACH FL 33417</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/19/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0333728	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WEINBERG, SIDNEY				81 Name	
18 BERKSHIRE A				82 Street Address (P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33417				83	
				84 City	
				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	VPD	1.1 TITLE	
NAME	MILDRED, ALLEN	1.2 NAME	D
STREET ADDRESS	7 BERKSHIRE A	1.3 STREET ADDRESS	Tom Diana
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	12 Berkshire A
TITLE	P	2.1 TITLE	W Palm Bch FL 33417
NAME	HAROWITZ, SAM	2.2 NAME	
STREET ADDRESS	6 BERKSHIRE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33417	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	D
NAME	QUINTO, PATRICIA	3.2 NAME	Frank Napodono
STREET ADDRESS	1 BERKSHIRE A	3.3 STREET ADDRESS	25 Berkshire A
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	W Palm Bch FL 33417
TITLE	TD	4.1 TITLE	
NAME	WEINBERG, SIDNEY	4.2 NAME	
STREET ADDRESS	18 BERKSHIRE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33417	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PLUSCH, MYRNA	5.2 NAME	
STREET ADDRESS	15 BERKSHIRE A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	THOMAS, DIANA	6.2 NAME	
STREET ADDRESS	12 BERKSHIRE A	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33417	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Sidney Weinberg* SIGNATURE REQUIRED: *WEINBERG 1/2/99* (561) 684-618 ✓

CR2E037 (11/98)