

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45204

1. Entity Name

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

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90233 032 ****61.25

Principal Place of Business

Mailing Address

18 BERKSHIRE A
WEST PALM BEACH FL 33417

18 BERKSHIRE A
WEST PALM BEACH FL 33417-2153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0333728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERG, SIDNEY
18 BERKSHIRE A
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MILDRED, ALLEN
7 BERKSHIRE A
WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FRANK NAPODANO
25 BERKSHIRE A
W. PALM BCH FL 33417 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAROWITZ, SAM
6 BERKSHIRE A
W PALM BCH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOROWITZ, SAM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
QUINTO, PATRICIA
1 BERKSHIRE A
WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLUSCH, MYRNA
15 BERKSHIRE A
WEST PALM BEACH FL 33417 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ALFRED GRILLO
24 BERKSHIRE A
W. PALM BCH FL 33417 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

561-684-6182

Date

Daytime Phone #

CR2E037 (9/99)