

DOCUMENT # N45204

1. Entity Name -
W.P.B. BERKSHIRE A CONDO ASS'N INC.

Principal Place of Business
18 BERKSHIRE A
WEST PALM BEACH FL 33417

Mailing Address
18 BERKSHIRE A
WEST PALM BEACH FL 33417

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 _____ (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 VPD
NAME MILDRED, ALLEN
STREET ADDRESS 7 BERKSHIRE A
CITY-ST-ZIP WEST PALM BEACH FL 33417
TITLE P
NAME HOROWITZ, SAM
STREET ADDRESS 6 BERKSHIRE A
CITY-ST-ZIP W PALM BCH FL 33417
TITLE SD
NAME QUINTO, PATRICIA
STREET ADDRESS 1 BERKSHIRE A
CITY-ST-ZIP WEST PALM BEACH FL 33417
TITLE TD
NAME WEINBERG, SIDNEY
STREET ADDRESS 18 BERKSHIRE A
CITY-ST-ZIP W PALM BCH FL 33417
TITLE D
NAME ORILLO, ALFRED
STREET ADDRESS 21 BERKSHIRE
CITY-ST-ZIP WEST PALM BEACH FL 33417
TITLE D
NAME THOMAS, DIANA
STREET ADDRESS 12 BERKSHIRE A
CITY-ST-ZIP W PALM BCH FL 33417

TITLE
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CITY-ST-ZIP

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: _____ 1/5/2001 561-686-6182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90028 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)