

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34154

**Entity Name:** BERKELEY SQUARE OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 24, 2014**  
**Secretary of State**  
**CC8639780765**

**Current Principal Place of Business:**

1507 S OCEAN BLVD  
R-5  
BOCA RATON, FL 33432

**Current Mailing Address:**

1507 S OCEAN BLVD  
R-5  
BOCA RATON, FL 33432 US

**FEI Number: 65-0170844**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHRIEFER, KATHLEEN  
1507 S OCEAN BLVD  
R-5  
BOCA RATON, FL 33432 US

*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

**Officer/Director Detail :**

Title P/D  
Name DRUMMOND, THEODORE  
Address 1503 S. OCEAN BLVD. ,W-5  
City-State-Zip: BOCA RATON FL 33432

Title T/D  
Name SCHRIEFER, KATHLEEN  
Address 1507 S. OCEAN BLVD., R-5  
City-State-Zip: BOCA RATON FL 33432

Title VP/D  
Name FOSTER, PAULA  
Address 1505 S. OCEAN BLVD., L-3  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name RITENBAUGH, LEE  
Address 1503 S. OCEAN BLVD., W-2  
City-State-Zip: BOCA RATON FL 33432

Title S/D  
Name ANZALONE, JOANNE  
Address 1507 S OCEAN BLVD, R-8  
City-State-Zip: BOCA RATON FL 33432

*I hereby 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 all other like empowered.*

**SIGNATURE: KATHLEEN SCHRIEFER**

**TREASURER**

**03/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date