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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742730 (5)

1. Corporation Name

CENTURY VILLAGE BERKSHIRE B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

BERKSHIRE B36 B48
CENTURY VILLAGE
WEST PALM BEACH FL 33417BERKSHIRE B36 B48
WEST PALM BCH FL 33417-2135
US3. Date Incorporated or Qualified
05/08/19783a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 B48

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number
59-1827202Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MARTIN
#48 BERKSHIRE "B"
WEST PALM BEACH FL 33417

81 Name

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

83

84 City

FL

85

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
NAME SORVILLA, CLYDE
STREET ADDRESS BERKSHIRE B40 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FLTITLE T
NAME WOLFE, ELIZABETH
STREET ADDRESS BERKSHIRE 44 B
CITY-ST-ZIP W PALM BCH FLTITLE D
NAME ROSENBLUM, SIDNEY
STREET ADDRESS BERKSHIRE B30 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FLTITLE SD
NAME COHEN, SHIRLEY
STREET ADDRESS #27 BERKSHIRE "B"
CITY-ST-ZIP WEST PALM BEACH FL 33417TITLE R
NAME DEVITOP, ROSDE
STREET ADDRESS #42 BERKSHIRE "B"
CITY-ST-ZIP WEST PALM BEACH FL 33417TITLE D
NAME SORVELLO, HELEN
STREET ADDRESS #40 BERKSHIRE "B"
CITY-ST-ZIP WEST PALM BEACH FL 334171.1 TITLE
1.2 NAME D
1.3 STREET ADDRESS COTE, Charles
1.4 CITY-ST-ZIP W. Palm Beach 334172.1 TITLE
2.2 NAME D
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIPX Change X Addition
COTE, Charles W. Palm Beach 33417
CEN. VILLAGE BERKSHIRE B36X Change X Addition
DESCOTES, Pierre Berkshire B47

X Change X Addition

X Change X Addition

X Change X Addition

X Change X Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038487

CR2E037 (9/96)