

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # 742730

1. Entity Name

CENTURY VILLAGE BERKSHIRE B CONDOMINIUM ASSOCIAT

FILED
Apr 24, 2000 8:00 am
Secretary of State

02-09-2000 90216 019 ****61.25

Principal Place of Business

BERKSHIRE B47
CENTURY VILLAGE
WEST PALM BEACH FL 33417
US

Mailing Address

BERKSHIRE B31
WEST PALM BCH FL 33417-2150
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1827202

Applied For

Not Applied For

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESCOTES, PIERRE
#47 BERKSHIRE B
WEST PALM BEACH FL 33417

PREVIOUS
NORMA FIORELLA-GILROY
#1331
W.P. Bch FLA
33417

7. Name and Address of New Registered Agent

NORMA FIORELLA-GILROY (President)

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

West Palm Beach Fla 33417

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

Norma Fiorella Gilroy
NORMA FIORELLA-GILROY (PRESIDENT)

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

(NOTE) Registered Agent signature required when reinstating

DATE

1/30/2000

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

TITLE VPD
NAME ROSSI, EDWARD
STREET ADDRESS BERKSHIRE B 50
CITY-ST-ZIP WEST PALM BEACH FL

☒ Delete

TITLE D
NAME LANDOLF, JOSEPHINE
STREET ADDRESS CENTURY VILLAGE BERKSHIRE B52
CITY-ST-ZIP W PALM BCH FL 33417

☒ Delete

TITLE D
NAME ROSENTHAL, SIDNEY
STREET ADDRESS BERKSHIRE B30 CEN VILL
CITY-ST-ZIP WEST PALM BEACH FL

☒ Delete

TITLE SD
NAME COHEN, SHIRLEY
STREET ADDRESS #27 BERKSHIRE "B"
CITY-ST-ZIP WEST PALM BEACH FL 33417

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME MARTIN SCHNEIDER
STREET ADDRESS B48 BERKSHIRE
CITY-ST-ZIP West Palm Bch Fla 33417

☒ Change

TITLE VP
NAME ANTHONY DIANA
STREET ADDRESS B32 BERKSHIRE
CITY-ST-ZIP WPB Fla 33417

☒ Change

TITLE
NAME CHARLES COTE
STREET ADDRESS B36 BERKSHIRE
CITY-ST-ZIP W P Bch Fla 33417

☒ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

TITLE
NAME DOLLY SCONZO
STREET ADDRESS B29 WPBch Fla 33417
CITY-ST-ZIP BERKSHIRE

☐ Change

TITLE
NAME ROSE DEVITO
STREET ADDRESS B42 WPBch Fla 33417
CITY-ST-ZIP BERKSHIRE

☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHIRLEY COHEN (Secy. Treasurer)

Shirley Cohen 561-6866528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #