

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90031 035 \*\*\*\*61.25

DOCUMENT # 742731

1. Corporation Name

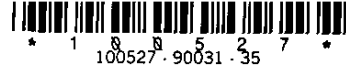
CENTURY VILLAGE BERKSHIRE C CONDOMINIM ASSOCIATI  
ON, INC.

Principal Place of Business

BERKSHIRE C53  
W PALM BCH FL 33417  
US

Mailing Address

BERKSHIRE C53  
W PALM BCH FL 33417  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
05/08/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-1634801

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHSTEIN, JACK A.  
BERKSHIRE C53  
W PALM BCH FL 33417

81 Name

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

83

84 City

FL

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	RICHSTEIN, JACK A	
STREET ADDRESS	BERKSHIRE C53	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, HAROLD	
STREET ADDRESS	BERKSHIRE, C72	
CITY-ST-ZIP	WEST PALM BEACH, FLO	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAUBEN, RUTH	
STREET ADDRESS	BERKSHIRE C63	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, GERTRUDE	
STREET ADDRESS	BERKSHIRE C61	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALTER, ELEANOR	
STREET ADDRESS	BERKSHIRE C56	
CITY-ST-ZIP	WEST PALM BEACH, FLO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRICKEL, GLORIA	
STREET ADDRESS	BERKSHIRE C55	
CITY-ST-ZIP	W PALM BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERZOG, ELLIOT
2.3 STREET ADDRESS	BERKSHIRE, C62
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHSTEIN, HELEN
3.3 STREET ADDRESS	BERKSHIRE C53
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED A. RICHSTEIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99 561 683-5740

CR2E037 (11/98)