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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.



100527 90031 35

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.

26

Suite, Apt. #, etc.

4. FEI Number 59-1634801

Applied For Not Applicable

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

25

Country

29

Zip

Country

30

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

Table with 5 rows of officer information including titles (PD, D, T, SD, V), names (Richstein, Chapman, Hauben, Friedman, Alter), and addresses.

Table with 4 rows of addition information including titles (D, T), names (Herzog, Richstein), and addresses.

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

1/4/99

561 683-5740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)