

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA 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 B-32
CENTURY VILLAGE
WEST PALM BEACH FL 33417**

**BERKSHIRE B-32
WEST PALM BCH FL 33417
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1978		3a. Date of Last Report 03/03/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1827202		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELETE
SANFRATELLO, CONCETTA
32 BERKSHIRE B
WEST PALM BEACH FL 33417**

81. Name	MARTIN SCHNEIDER
82. Street Address (P.O. Box Number is Not Acceptable)	#48 BERKSHIRE "B"
83. City	WEST PALM BEACH, FLA 33417
84. State	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 of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D Vice President <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORVILLA, CLYDE	1.2 NAME	
STREET ADDRESS	BERKSHIRE B40 CEN VILL	1.3 STREET ADDRESS	SHIRLEY COHEN
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	#27 BERKSHIRE "B" W.P.Bch, Fla 33417
TITLE	DE TREASURER <input type="checkbox"/> DELETE	2.1 TITLE	Ed. of Directors <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, ELIZABETH	2.2 NAME	
STREET ADDRESS	BERKSHIRE 44 B	2.3 STREET ADDRESS	ROSDE DEVITO
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	#42 BERKSHIRE "B"
TITLE	D ROSENBLUM, SIDNEY <input type="checkbox"/> DELETE	3.1 TITLE	BD OF DIRECTOR S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKSHIRE B30 CEN VILL	3.2 NAME	HELEN SORVELLO
STREET ADDRESS	W PALM BCH, FL 00000	3.3 STREET ADDRESS	#40 Berkshire B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD HUTT, CELIA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	BERKSHIRE B33 CEN VILL	4.2 NAME	
STREET ADDRESS	W PALM BCH, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD SANFRATELLO, CONCETTA <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	32 BERKSHIRE B	5.2 NAME	100001738201
STREET ADDRESS	W PALM BCH, FL 00000	5.3 STREET ADDRESS	-03/11/96--01009--011
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	D GORODETZER, ROSLYN <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	BERKSHIRE 39 B	6.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 #

CR2E037 (12/95)

407 284 4625