

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90025 003 \*\*\*\*64.25

**DOCUMENT # 742730**

1. Entity Name

**CENTURY VILLAGE BERKSHIRE B CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

BERKSHIRE B31  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417  
 US

Mailing Address

BERKSHIRE B31  
 CENTURY VILLAGE  
 WEST PALM BEACH FL 33417  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1827202**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**IORELLA-GILROY, NORMA (PRESIDENT)**  
**B31**  
**WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 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 IORELLA-GILROY (President)** *Norma Fiorella* **1/20/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	<input type="checkbox"/> Delete
NAME	ANTHONY, DIANA	
STREET ADDRESS	BERKSHIRE B37 CENTURY VILLAGE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COTE, CHARLES	
STREET ADDRESS	CENTURY VILLAGE- BERKSHIRE B35	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENBLUM, SIDNEY	
STREET ADDRESS	BERKSHIRE B30 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COHEN, SHIRLEY	
STREET ADDRESS	#27 BERKSHIRE "B"	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHENIDER, MARTIN	
STREET ADDRESS	CENTURY VILLAGE-BERKSHIRE B448	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCONZO, THOMAS	
STREET ADDRESS	CENTURY VILLAGE-BERKSHIRE B28	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN PLOTNIK	
STREET ADDRESS	Berkshire B35	
CITY-ST-ZIP	West Palm Beach Fla 33417	
TITLE	V.PRES-3rd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES RAGEY	
STREET ADDRESS	BERKSHIRE B34	
CITY-ST-ZIP	West Palm Beach Fla 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **SHIRLEY COHEN (Secretary/Treasurer)** *Shirley Cohen* **1/20/02**  
 Signature, typed or printed name of signing officer or authorized agent, and title if applicable. (NOTE: Signature of Secretary/Treasurer required when reinstating) DATE

CR2E037 (9/01)