

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90001 026 ****70.00

DOCUMENT # 742730

1. Entity Name

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



Principal Place of Business

**BERKSHIRE B37
WEST PALM BEACH FL 33417
US**

Mailing Address

**BERKSHIRE B37
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

7. Name and Address of New Registered Agent

**DIANA, ANTHONY
BERKSHIRE B37
C/O CENTURY VILLAGE
WEST PALM BEACH FL 33417**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D1VP** ☐ Delete
NAME **COTE, CHARLES**
STREET ADDRESS **BERKSHIRE B36 CENTURY VILLAGE**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **D2VP** ☒ Delete
NAME **RAGEY, JAMES**
STREET ADDRESS **CENTURY VILLAGE- BERKSHIRE B34**
CITY-ST-ZIP **W PALM BCH FL 33417**

TITLE **D3VP** ☐ Delete
NAME **PLOTNIK, ALLEN**
STREET ADDRESS **BERKSHIRE B35**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **TCC** ☐ Delete
NAME **SCHNEIDER, MARTIN**
STREET ADDRESS **BERKSHIRE 48**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **TCC** ☐ Delete
NAME **LEMIUEK, BERNARD**
STREET ADDRESS **BERKSHIRE B7**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **DST** ☐ Delete
NAME **COHEN, SHIRLEY**
STREET ADDRESS **CENTURY VILLAGE-BERKSHIRE B27**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D2VP** ☒ Change ☐ Addition
NAME **EDWARD ROSSI**
STREET ADDRESS **CENTURY VILLAGE - BERKSHIRE B50**
CITY-ST-ZIP **W. PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTHONY DIANA

2/26/04 861-6168204