


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 011 ****61.25

DOCUMENT # 742730	
1. Entity Name CENTURY VILLAGE BERKSHIRE B CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business BERKSHIRE B37 B35 WEST PALM BEACH FL 33417 US	Mailing Address BERKSHIRE B37 B35 WEST PALM BEACH FL 33417 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1827202		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIANA, ANTHONY BERKSHIRE B37 C/O CENTURY VILLAGE WEST PALM BEACH FL 33417 <i>(Vice Pres.)</i>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>A. DIANA</u> <u>A. Diana</u> <i>(Vice Pres.)</i> DATE <u>1/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP COTE, CHARLES BERKSHIRE B36 CENTURY VILLAGE WEST PALM BEACH FL 33417 <i>(V Pres.)</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV ROSSI, EDWARD CENTURY VILLAGE- BERKSHIRE B50 W PALM BCH FL 33417 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1VP PLOTNIK, ALLEN BERKSHIRE B35 WEST PALM BEACH FL 33417 <i>(PRESIDENT)</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCC SCHNEIDER, MARTIN BERKSHIRE 48 WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCC LEMIUEK, BERNARD BERKSHIRE B7 WEST PALM BEACH FL 33417 <i>(DIRECTOR)</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COHEN, SHIRLEY CENTURY VILLAGE-BERKSHIRE B27 WEST PALM BEACH FL 33417 <i>SECY/TREAS</i> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL WHITE C/O C.V. BERKSHIRE B33 W.P.BCH FLA 33417 <i>(DIRECTOR)</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES RAGLEY (DIR.) C/O C.V. BERKSHIRE B34 W.P.B FLA 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Shirley Cohen</u> <u>Shirley Cohen</u> <i>1/20/05 5-61-686 6528</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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