

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

<b>DOCUMENT # 729278</b> 1. Entity Name <b>BERKSHIRE "B" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONDO. OWNERS ORG. OF C V E, INC</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BEACH, FL 33442-2085 US</b>			Mailing Address <b>CONDO. OWNERS ORG. OF C V E, INC</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BEACH, FL 33442-2085 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1870183</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CONDO. OWNERS ORG. OF CENTURY VILLAGE E</b> <b>3501 WEST DRIVE</b> <b>DEERFIELD BEACH, FL 33442-2085</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <b>JACKSON, MARILYN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4031 BERKSHIRE B</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>BROWN, BARBARA</b> <input type="checkbox"/> Delete STREET ADDRESS <b>4027 BERKSHIRE B</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD <b>MARTIN, LARRY</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2031 BERKSHIRE B</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD <b>COOPER, MARTHA</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>1024 BERKSHIRE B</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD <b>SCHNEIDER, JACK</b> <input type="checkbox"/> Delete STREET ADDRESS <b>3040 BERKSHIRE B</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <b>CARROLL, MARILYN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2023 BERKSHIRE B</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Marilyn A. Jackson</u> <b>MARILYN A. Jackson</b> 4/15/07 (954) 596-1922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					