

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 -**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 4:42

**DOCUMENT # 730030 (4)**  
1. Corporation Name  
**BERKSHIRE "D" CONDOMINIUM ASSOCIATION, INC.**

SECRETARY OF STATE  
ALLIANCE, FLORIDA

Principal Place of Business Mailing Address  
**R-FAULK 2067 DEER PLATIN R-FAULK D. PLOTKIN  
BERKSHIRE "D" #3065/CVE BERKSHIRE "D" #3065/CVE-2067  
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442**

**900001474509**  
DOCUMENT NUMBER

3. Date incorporated or first organized  
**06/21/1974 05/01/1994**

4. FEI Number Applied For  
**59-1906113** Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  
3501 WEST DRIVE  
DEERFIELD BEACH FL FL 33442-2085**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and filer's application) (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D V FALLIK, RUTH	11 TITLE	D V FALLIK, RUTH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKSHIRE D-3065	12 NAME	BERKSHIRE D-3065
STREET ADDRESS	DEERFIELD BCH. FL	13 STREET ADDRESS	DEERFIELD BCH, FL
CITY ST ZIP		14 CITY ST ZIP	
TITLE	PD PLOTKIN, OSCAR	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKSHIRE D-2067	22 NAME	
STREET ADDRESS	DEERFIELD BCH. FL	23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE	DV DOLISE, CARMINE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKSHIRE D-1058	32 NAME	
STREET ADDRESS	DEERFIELD BEACH FL	33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE	DT ROTH, GRACE	41 TITLE	DT ROTH, GRACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKSHIRE D 1066	42 NAME	BERKSHIRE D 1066
STREET ADDRESS	DEERFIELD BEACH FL	43 STREET ADDRESS	DEERFIELD BEACH, FL
CITY ST ZIP		44 CITY ST ZIP	
TITLE	VD DAUBER, ERNEST	51 TITLE	D VISIG. BRYNA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKSHIRE D-2063	52 NAME	BERKSHIRE D 2060
STREET ADDRESS	DEERFIELD BEACH FL	53 STREET ADDRESS	DEERFIELD BEACH, FL
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Oscar Plotkin OSCAR PLOTKIN 1/17/95 428-0443  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR