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97 APR 28 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730030 (4)
1. Corporation Name
BERKSHIRE "D" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business G. PLOTKIN R. FALLIK BERKSHIRE "D" #2067/0VE 3065 DEERFIELD BEACH FL 33442	Mailing Address G. PLOTKIN RUTH FALLIK BERKSHIRE "D" #2067/0VE 3065 DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 06/21/1974	3a. Date of Last Report 04/27/1996
4. FEI Number 59-1906113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when rehashing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D/P	FALLIK, RUTH	BERKSHIRE D-3065	DEERFIELD BCH. FL	<input type="checkbox"/>
PD	PLOTKIN, OSCAR	BERKSHIRE D-2067	DEERFIELD BCH. FL	<input checked="" type="checkbox"/>
DY	DOLISE, CARMINE	BERKSHIRE D-1058	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
DT	ROTH, GRACE	BERKSHIRE D-1060	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
D/VP	EISIG, BRYNA	BERKSHIRE D 2060	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	700002159457-0	-04/29/97--01109--001	**15190.00 *****61.25	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	PLOTKIN, CLAIRE	BERKSHIRE D 2067	D/S	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D SYLVIA MANDELBAUM	BERKSHIRE D 1058		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D/V EDHUND TOZZI	BERKSHIRE D 1066		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	TREAS. JEROME ADAMS	BERKSHIRE D 1065		

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED Ruth Fallik 426-0394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078886

CP2E037 (9/96)