


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>R. FALLIKN BERKSHIRE "D" #3065 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>R. FALLIKN BERKSHIRE "D" #3065 DEERFIELD BEACH FL 33442</b>
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3. Date Incorporated or Qualified  
**06/21/1974**

4. FEI Number  
**59-1906113**

Applied For	Not Applicable
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21. Principal Place of Business <b>BRYNA EISIG</b>	26. Mailing Address <b>BRYNA EISIG</b>
22. Suite, Apt. #, etc. <b>2060 BERKSHIRE D</b>	27. Suite, Apt. #, etc. <b>2060 BERKSHIRE D</b>
23. City & State <b>DEERFIELD BCH. FL</b>	28. City & State <b>DEERFIELD BCH FL</b>
24. Zip <b>33442</b>	25. Country <b>U.S.A.</b>
29. Zip <b>33442</b>	30. Country <b>U.S.A.</b>

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY  
3501 WEST DRIVE  
DEERFIELD BEACH 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALLIK, RUTH</b>	1.2 NAME	<b>BRYNA EISIG</b>
STREET ADDRESS	<b>BERKSHIRE D-3065</b>	1.3 STREET ADDRESS	<b>2060 BERKSHIRE D</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BEACH FL.</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PLOTKIN, CLAIRE</b>	2.2 NAME	<b>NAOMI REDISCH</b>
STREET ADDRESS	<b>BERKSHIRE D 2067</b>	2.3 STREET ADDRESS	<b>2061 BERKSHIRE D</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DEERFIELD BEACH, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDELBAUM, SYLVIA</b>	3.2 NAME	
STREET ADDRESS	<b>BERKSHIRE D 1056</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOZZI, EDMUND</b>	4.2 NAME	
STREET ADDRESS	<b>BERKSHIRE D 1066</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>500002474365</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISIG, BRYNA</b>	5.2 NAME	<b>-04/01/98--01022--010</b>
STREET ADDRESS	<b>BERKSHIRE D 2060</b>	5.3 STREET ADDRESS	<b>***15006.25</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, JEROME</b>	6.2 NAME	
STREET ADDRESS	<b>BERKSHIRE D 1065</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	6.4 CITY-ST-ZIP	

14. 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 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 \_\_\_\_\_ DATE **3/31/98**

CR2E037 (10/97)