

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90045 001 15,067.50

**DOCUMENT # 730030**

1. Entity Name

**BERKSHIRE "D" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**BRYNA EISIG BERNARD ZAHLER**  
 2060 BERKSHIRE D  
 DEERFIELD BEACH FL 33442

**BRYNA EISIG BERNARD ZAHLER**  
 1065 BERKSHIRE D  
 DEERFIELD BEACH FL 33442

09329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1906113**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY**  
 3501 WEST DRIVE  
 DEERFIELD BEACH FL FL 33442-2085

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE: Bernard Zahler Bernard Zahler (President) 2/1/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TOZZI, EDMUND	
STREET ADDRESS	BERKSHIRE D-2081	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PLOTKIN, CLAIRE	
STREET ADDRESS	BERKSHIRE D 2067	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDELBAUM, SYLVIA	
STREET ADDRESS	BERKSHIRE D 1058	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FALLIK, RUTH	
STREET ADDRESS	BERKSHIRE D 3065	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EISIG, BRYNA	
STREET ADDRESS	BERKSHIRE D 2060	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, JEROME	
STREET ADDRESS	BERKSHIRE D 1065	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNARD ZAHLER	
STREET ADDRESS	1065 BERKSHIRE D	
CITY-ST-ZIP	Deerfield Bch, FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRACE ROTH	
STREET ADDRESS	1066 BERKSHIRE D	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE PETEX	
STREET ADDRESS	1059 BERKSHIRE D	
CITY-ST-ZIP	Deerfield Beach FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Bernard Zahler Bernard Zahler 2/1/01 (954) 481-9125  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)