

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 APR 27 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66413025



MOORE CR2E037 (11/03)

<b>DOCUMENT # 730030</b>			
1. Entity Name <b>BERKSHIRE "D" CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085</b>		Mailing Address <b>CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1906113</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH FL FL 33442-2085</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ERZIG, BRYNN <input type="checkbox"/> Delete	TITLE	PRES. EISIG, BRYNA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2060 BERKSHIRE D	NAME	2060 BERKSHIRE D
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D POLISHODD, RICHARD <input checked="" type="checkbox"/> Delete	TITLE	PRES. REDISCH, NAOMI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4057 BERKSHIRE D	NAME	2061 BERKSHIRE D
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D REDISCH, NAOMI <input type="checkbox"/> Delete	TITLE	V. PRES EIGEN, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2061 BERKSHIRE D	NAME	2057 BERKSHIRE D
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D EIGOR, ROBERT <input type="checkbox"/> Delete	TITLE	SECY ROSES, JANETTE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2057 BERKSHIRE D	NAME	2057 BERKSHIRE D
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	DAUBER, ERNEST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, JEROME	NAME	2063 BERKSHIRE D
STREET ADDRESS	1063 BERKSHIRE D	STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D KATZ, LEONARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	4061 BERKSHIRE D
STREET ADDRESS		STREET ADDRESS	DEERFIELD BEACH, FL 33442
CITY-ST-ZIP		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:** Bryna Eisig **BRYNA EISIG** 1/28/04 9544275135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #