


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90004 037 \*\*\*\*61.25

<b>DOCUMENT # 742732</b>					
<b>1. Entity Name</b> CENTURY VILLAGE BERKSHIRE D CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 94 BERKSHIRE D 94-D WEST PALM BEACH, FL 33417 US			<b>Mailing Address</b> C/O SEACREST SERVICES, INC. 2400 CENTER PARK WEST DRIVE SUITE 175 WEST PALM BEACH, FL 33409-6405 US		
<b>2. Principal Place of Business</b> 92 BERKSHIRE - D Suite, Apt. #, etc. 92 - D -		<b>3. Mailing Address</b> Suite, Apt. #, etc. -		01202006 Chg-NP CR2E037 (11/05)	
City & State W.P.B. - FLORIDA		City & State -		<b>4. FEI Number</b> 59-1635753	
Zip 33417		Country U.S		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GERBERDING, JOHN R 96 BERKSHIRE D WEST PALM BEACH, FL 33417			<b>7. Name and Address of New Registered Agent</b> Name <b>HENRI KALMA</b> Street Address (P.O. Box Number is Not Acceptable) 92 BERKSHIRE - D - City <b>W. P. B. - FL</b> Zip Code <b>33417</b>		
<b>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.</b>					
SIGNATURE <u>HENRI KALMA Henri Kalma</u> <u>02-06-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHISSEL, CAROLYN D-86-BERKSHIRE WEST PALM BEACH, FL 334172170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P GUY BISSONNETTE 95 - BERKSHIRE - D - W.P.B. - 33417 FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLA, BETTY BERKSHIRE D88 W PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - HENRI KALMA 92 BERKSHIRE D - W.P.B. - 33417 - FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERBERDING, JOHN R 96 BERKSHIRE D WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS GERBERDING John R 96 BERKSHIRE - D W.P.B. - 33417 FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUKEY, JACKIE 94 BERKSHIRE D WEST PALM BEACH, FL 334172170	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.D. ANNE KLEMPNER - 80 BERKSHIRE D - W.P.B. - 33417 FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUGUSTINE, ELIZABETH BERKSHIRE-D-89 WEST PALM BEACH, FL 334172170	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B D - ESTER HABER 95 BERKSHIRE D - W.P.B. 33417 FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, CARRINE 79 BERKSHIRE D WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 officers empowered.</b>					
SIGNATURE: <u>Henri Kalma</u> <u>02-02-2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					