


FILED
Apr 11, 2007 8:00 am
Secretary of State

03-29-2007 90017 028 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 742732			
1. Entity Name CENTURY VILLAGE BERKSHIRE D CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 92 BERKSHIRE D 92-D WEST PALM BEACH, FL 33417 US		Mailing Address C/O SEACREST SERVICES, INC. 2400 CENTER PARK WEST DRIVE SUITE 175 WEST PALM BEACH, FL 33409-6405 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
02192007		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1635753		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENRI, KALMA 92 BERKSHIRE D WEST PALM BEACH, FL 33417		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Henri Kalma</i>		DATE <i>3/26/07</i>	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHISSEL, CAROLYN D-86-BERKSHIRE WEST PALM BEACH, FL 334172170 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKY STOKY 94 BERKSHIRE D WPB-FL 33417 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUY BISSONNETTE 95 BERKSHIRE - D W.P.B. FL - 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERBERDING, JOHN R 96 BERKSHIRE D WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATHERINE MASTAGLIO 83 BERKSHIRE - D W.P.B. FL - 33417 <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	ANNE KHAMPERO 20 BERKSHIRE D WPB FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MATO, CARRINE BERKSHIRE D WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKER, HABER 85-BERKSHIRE D WPB FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in attachment with an address, with all other like empowered.			
SIGNATURE <i>Henri Kalma</i>		Date <i>4-7-07</i> (51) 697 4661	



SIGN HERE