


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90030 013 ****61.25

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		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1635753	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	ANNE KLEMPNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUCKEY, JACKY		NAME	80 BERKSHIRE - D -	
STREET ADDRESS	94 BERKSHIRE D		STREET ADDRESS	WEST PALM BEACH 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 334172170		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	ESTER HABER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISSONNETTE, JOY		NAME	85 BERKSHIRE - D	
STREET ADDRESS	95 BERKSHIRE -D		STREET ADDRESS	W.P.B 33417	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBERDING, JOHN R		NAME		
STREET ADDRESS	96 BERKSHIRE D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, ELIZABETH		NAME		
STREET ADDRESS	BERKSHIRE-D-89		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 334172170		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMATO, CARRINE		NAME		
STREET ADDRESS	79 BERKSHIRE D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTAGLIO, CATHERINE		NAME		
STREET ADDRESS	83 BERKSHIRE D		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>Henri Kalma</i>			Date: 2-11-08 561 697 4661		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		