

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740199 (5)**
1. Corporation Name
PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**BEATTIE A. KLIGMAN
PRESCOTT A 10
DEERFIELD BEACH FL 33442-2024**

3. Date Incorporated or Qualified **09/21/1977** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **03-1990102** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNER ORGANIZATION OF CVE, INC
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-9985**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHORAN, SOL	1.2 NAME	PREB. + D CARCIONE, JOS.
STREET ADDRESS	4015 VENTNOR G	1.3 STREET ADDRESS	18 PRESCOTT A
CITY - ST - ZIP	DEERFIELD BEACH FL	1.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIXSORAN, DEANA	2.2 NAME	VICE PRESIDENT + D LEVINE, IRVINE
STREET ADDRESS	1125 NW 86TH LANE	2.3 STREET ADDRESS	PRESCOTT A 14
CITY - ST - ZIP	CORAL SPRINGS FL 33071	2.4 CITY - ST - ZIP	DEERFIELD BEACH FL 33442
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, IRVINE	3.2 NAME	
STREET ADDRESS	PRESCOTT A 14	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLIGMAN, BEATTIE A	4.2 NAME	S/T. + D
STREET ADDRESS	PRESCOTT A 10	4.3 STREET ADDRESS	4/27/96 CMC
CITY - ST - ZIP	DEERFIELD BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINER, BARNEY	5.2 NAME	BARNEY FINKLESTEIN
STREET ADDRESS	PRESCOTT A 15	5.3 STREET ADDRESS	PRESCOTT A 7
CITY - ST - ZIP	DEERFIELD BEACH FL	5.4 CITY - ST - ZIP	DEERFIELD B.C.H., FL 33442
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECLERC, LIGUERI	6.2 NAME	800001797618
STREET ADDRESS	PRESCOTT A 9	6.3 STREET ADDRESS	-04/29/96--01024--001
CITY - ST - ZIP	DEERFIELD BEACH FL	6.4 CITY - ST - ZIP	***15128.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph J. Carcione* Presc Jan 22, 1996 427-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOSEPH J. CARCIONE

CR2E037 (12/95)