FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

APPROVED

AND

97 APR 28 AM 10: 45

Phone # 0042914

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

	1997	A STREET	DIVISION OF CO	PRPORATIONS	SECRETARY OF ATTE
DOCUN 1. Corporation	MENT #	740199	(5)		SECRETARY OF STATE TALLAHASSEE, FLORIDA
PRESC	OTT "A" COND	OMINIUM ASSO	CIATION, INC.		
Principal Place	of Business		Mailing Address		
·					
BEATTIE A. KLIGMAN PRESCOTT A 10 BEATTIE A. KLIGMAN PRESCOTT A 10					
DEERFIELD BEA	ICH FL 33442-2024		DEERFIELD BEACH FL 33442	-2035	3. Date Incorporated or Qualified 3a. Date of Last Report
					09/21/1977 04/27/1996
	ace of Business		2a. Mailing Address		4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		\$8.75 Additional
22	,	1	27		5. Certificate of Status Desired Fee Required
City & State	9		City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip) Co	untry	Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
24]	25	·	— ' H	م ا	Florida Statutes Yes No
	9. Name and Ad	dress of Current Re			10. Name and Address of New Registered Agent
				81 Name	· ·
		ORGANIZATION C	t Address (P.O. Box Number is Not Acceptable)		
3501 WEST DRIVE DEERFIELD BEACH FL 33442-9985					
DEENITE	LD DLAOIT L 33	772-0300			
				84 City	FL 85 Zip Code
11. Pursuant I	to the provisions of	Sections 617.0502 an	d 617.1508, Florida Statutes	the above-named	d corporation submits this statement for the purpose of changing its registered or
agent. La	m familiar with, and	accept the obligation	s of, Section 617.0503, Flori	da Statutes.	productives coard or directors. Thereby accept the appointment as registered
SIGNATURE	Street us broad or printed	name of registered agent an	I Ida if spolicable INOTE:	Dozieterad Arrent elanet vo	re required when reinstating) DATE
12.	Signatura, typed of printed	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11TLE	PD		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARCIONE, JO			1.2 NAME	8000021595683 -04/29/9701109001
STREET ADDRESS	18 PRESCOTT	A ACH FL 33442		1.3 STREET ADDRESS	*#15190.00 *****61.25
CITY-ST-ZIP TITLE	VD VD	NOTTE BOTTE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	LEVINE, IRVINE	<u> </u>		2.2 NAME	
STREET ADDRESS	14 PRESCOTT			2.3 STREET ADDRESS	
CITY - ST - ZIP		ACH FL 33442	05:57	2. 4 CITY-ST-ZIP	
TITLE	d Finklestein,	DADNEV	☐ DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS	PRESCOTT A			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP		ACH FL 33442		3.4. CITY+ST-ZIP	
TITLE	\$T		DELETE	4.1 TITLE	Change Addition
NAME	KLIGMAN, BEA			4. 2 NAME	
STREET ADDRESS	PRESCOTT A			4.3 STREET ADDRESS	
CITY - ST - ZIP TITLE	DEERFIELD BE D	AUT FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change' Addition
NAME	LECLERC, LIG	UERI	- Detric	5.2 NAME	L. Compt
STREET ADDRESS	PRESCOTT A			5.3 STREET ADDRESS	s
CITY-ST-ZIP	DEERFIELD BE			5.4 CITY-ST-ZIP	
TITLE			DELETE	6.1 TITLE	Change Addition
NAME				6.2 NAME	42,
STREET ADDRESS				6.3 STREET ADDRESS	5
CITY-ST-ZIP	1			64 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.