

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740199 (5)
1. Corporation Name
PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business JOS. CARCIONE BEATTIE A. KLIGMAN PRESCOTT A 10 - A18 DEERFIELD BEACH FL 33442-2024	Mailing Address JOS. CARCIONE BEATTIE A. KLIGMAN PRESCOTT A 10 - A18 DEERFIELD BEACH FL 33442-2024
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3. Date Incorporated or Qualified 09/21/1977	
4. FEI Number 03-1990102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETED <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARCIONE, JOS.		1.2 NAME	SAME
STREET ADDRESS 18 PRESCOTT A		1.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP	
TITLE VD	DELETED <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, IRVINE		2.2 NAME	SAME
STREET ADDRESS 14 PRESCOTT A		2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINKLESTEIN, BARNEY		3.2 NAME	SAME
STREET ADDRESS PRESCOTT A 7		3.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		3.4 CITY-ST-ZIP	
TITLE ST	DELETED <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLIGMAN, BEATTIE A		4.2 NAME	DELETE
STREET ADDRESS PRESCOTT A 10		4.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LECLERC, LIGUERI		5.2 NAME	DELETE
STREET ADDRESS PRESCOTT A 9		5.3 STREET ADDRESS	500002474735
CITY-ST-ZIP DEERFIELD BEACH FL		5.4 CITY-ST-ZIP	-04701798-01022-010
TITLE	<input type="checkbox"/> DELETED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***15006.25
STREET ADDRESS		6.3 STREET ADDRESS	PE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	3-31

14. I 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 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: _____
 _____ 1/12/98 954 427 6863

CFR2E037 (10/97)