


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State . DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 740199

1. Corporation Name
PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC.

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|--|--|
| Principal Place of Business JOS. CARCIONE PRESCOTT A 18 DEERFIELD BEACH FL 33442-2024 | Mailing Address JOS. CARCIONE PRESCOTT A 18 DEERFIELD BEACH FL 33442-2024 |
|--|--|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 09/21/1977 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 03-1990102 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip, Country 24 | Zip, Country 29 | 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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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, with all other like empowered.

SIGNATURE: *Joseph J. Carcione* SIGNATURE REQUIRED: **JOSEPH J. CARCIONE 2/3/99 (954) 427-8121**

CR2E037 (1/98)