

2002 UNIFORM BUSINESS REPORT (UBR)

0036234

DOCUMENT # 740199

1. Entity Name

PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC. ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -3 PM 1:11

Principal Place of Business

Mailing Address

JOS. CARCIONE
PRESCOTT A 18
DEERFIELD BEACH FL 33442-2024

JOS. CARCIONE
PRESCOTT A 18
DEERFIELD BEACH FL 33442-2024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1/2 CENTURY MAINT. + MGMT.
Suite, Apt. #, etc.
410 S. POWERLINE ROAD
City & State
DEERFIELD BEACH, FL

1/2 CENTURY MAINT. + MGMT.
Suite, Apt. #, etc.
410 S. POWERLINE ROAD
City & State
DEERFIELD BEACH, FL

4. FEI Number

03-1990102

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNER ORGANIZATION OF CVE, INC
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-9985

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.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TS Delete
NAME DELLINGER, BILL
STREET ADDRESS 410 S POWERLINE ROAD
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE Change Addition
NAME
STREET ADDRESS 000005257700
CITY-ST-ZIP -04/12/02--01058--001
15067.50 ***61.25

TITLE VD Delete
NAME LEVINE, IRVINE
STREET ADDRESS 14 PRESCOTT A
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME FICKELSTEIN, BERNARD
STREET ADDRESS PRESCOTT A 7
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD Change Addition
NAME DANIELS, JOSEPH
STREET ADDRESS PRESCOTT A 9
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D Delete
NAME KLIGMAN, BEATTIE
STREET ADDRESS 10 PRESCOTT A
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD Delete
NAME MARINI, ANN
STREET ADDRESS 4 PRESCOTT A
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE D Change Addition
NAME COHEN, BERTRUDE
STREET ADDRESS PRESCOTT A 2
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Change Addition
NAME FRUCHTWANDER, ROSE
STREET ADDRESS PRESCOTT A 8
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

12. 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 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: JOSEPH DANIELS 11/21/02 (954) 571-8332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)