

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

04 APR 27 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66413177



MOORE CR2E037 (11/03)

DOCUMENT # 740199			
1. Entity Name PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. Name and Address of Current Registered Agent CONDOMINIUM OWNER ORGANIZATION OF CVE, INC 3501 WEST DRIVE DEERFIELD BEACH FL 33442-9985		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P GROSSMAN, IRA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20 NEWPORT A	NAME	700034614837
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	04/29/04--01020--001 **15006.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V Kligman, Beattie <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT 10 A	NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TS COHEN, GERTRUDE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT A 2	NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GROSSMAN, MICHELLE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWPORT A 20	NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D FRUCHTHANDER, ROSE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESCOTT A 8	NAME	
STREET ADDRESS	DEERFIELD BEACH FL 33442	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: IRA GROSSMAN **IRA GROSSMAN** 2/9-04 954-429 9239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #