


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

<b>DOCUMENT # 740199</b>					
1. Entity Name PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 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	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCE, MARY		NAME	IRA GROSSMAN	
STREET ADDRESS	12 PRESCOTT A		STREET ADDRESS	20 <del>Prescott A</del> Prescott A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLIGMAN, BEATTIE		NAME	ISIDOR LEVINE	
STREET ADDRESS	PRESCOTT 10 A		STREET ADDRESS	14 <del>Prescott A</del> Prescott A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, ISIDORE		NAME	Michelle GROSSMAN	
STREET ADDRESS	14 PRESCOTT A		STREET ADDRESS	20 <del>Prescott A</del> Prescott A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENTILE, JAMES		NAME	James Gentile	
STREET ADDRESS	5 PRESCOTT A		STREET ADDRESS	5 <del>Prescott A</del> Prescott A	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	O.B. FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUCHTHANDER, ROSE		NAME		
STREET ADDRESS	PRESCOTT A 8		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GERTRUDE		NAME		
STREET ADDRESS	2 PRESCOTT A		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Mark Goldstein</u>		Date: <u>4/1/06</u>		Daytime Phone #: <u>(954) 425-0136</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

MARK GOLDSTEIN