

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90478 001 14,700.00  
FILED 740199

03 APR 25 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 740199

1. Entity Name

PRESCOTT "A" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CONDOMINIUM OWNERS ORGANIZATION  
OF CENTURY VILLAGES, INC. IN COOCVE

2. Principal Place of Business

3501 West Drive

Deerfield Bch., FL 33442-2085



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 03-1990102

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 33442-2085

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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

TITLE PRESIDENT  Change  Addition  
NAME I RA GROSSMAN  
STREET ADDRESS 20 NEWPORT A  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE VICE PRESIDENT  Change  Addition  
NAME BEATTIE KLIGMAN  
STREET ADDRESS PRESCOTT 10 A  
CITY-ST-ZIP DEERFIELD Bch FL 33442

TITLE PD  Delete  
NAME DANIELS, JOSEPH  
STREET ADDRESS PRESCOTT A 7  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE TREASURER / SECRETARY  Change  Addition  
NAME GERTRUDE COHEN  
STREET ADDRESS PRESCOTT A-2  
CITY-ST-ZIP DEERFIELD Bch FL 33442

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

TITLE DIRECTOR  Change  Addition  
NAME MICHELLE GROSSMAN  
STREET ADDRESS NEWPORT A 20  
CITY-ST-ZIP DEERFIELD Bch FL 33442

TITLE D  Delete  
NAME COHEN, GERTRUDE  
STREET ADDRESS 2 PRESCOTT A  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE DIRECTOR  Change  Addition  
NAME ROSE FRUCHTHANDER  
STREET ADDRESS PRESCOTT A 8  
CITY-ST-ZIP DEERFIELD Bch FL 33442

TITLE D  Delete  
NAME FRUCHTHANDER, 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: MICHELLE GROSSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 984421-5566

Date

Daytime Phone #

CR2E037 (10/02)