

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740413 (0)
1. Corporation Name
PRESCOTT M CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
CENTURY VILLAGE C/O PRESCOTT M-259 DEERFIELD BEACH FL 33442
CENTURY VILLAGE C/O PRESCOTT M-259 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified 10/14/1977 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1999004 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and filer of application) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, LEONARD	12 NAME	
STREET ADDRESS	259 PRESCOTT M	13 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMOWITZ, DAVID	22 NAME	
STREET ADDRESS	256 PRESCOTT M	23 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, JUDITH	32 NAME	
STREET ADDRESS	250 PRESCOTT M	33 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	34 CITY - ST - ZIP	
TITLE	DV	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, BOB	42 NAME	
STREET ADDRESS	246 PRESCOTT M	43 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NECKANOFF, FLORENCE	52 NAME	
STREET ADDRESS	261 PRESCOTT M	53 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	54 CITY - ST - ZIP	
TITLE	S	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELMAN, ELSIE	62 NAME	
STREET ADDRESS	244 PRESCOTT M	63 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Leonard Zimmerman (Signature and typed or printed name of signing officer or director) DATE: JAN 24 1995 (Date) SYSTEM NUMBER: 428-7660 (System Number)

LEONARD ZIMMERMAN