

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740413 (0)
1. Corporation Name
PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CENTURY VILLAGE C/O PRESCOTT M-259 DEERFIELD BEACH FL 33442	Mailing Address CENTURY VILLAGE C/O PRESCOTT M-259 DEERFIELD BEACH FL 33442
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3. Date Incorporated or Qualified 10/14/1977	
4. FEI Number 59-1999004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION CENTURY VI
LLAGE 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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUMMINGS, ROBERT DR		1.2 NAME	
STREET ADDRESS 249 PRESCOTT M		1.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		1.4 CITY-ST-ZIP	
TITLE VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOWARD, JUDITH		2.2 NAME	
STREET ADDRESS 250 PRESCOTT M		2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELDMAN, BOB		3.2 NAME	
STREET ADDRESS 246 PRESCOTT M		3.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEINBERG, HERMAN		4.2 NAME	
STREET ADDRESS 255 PRESCOTT M		4.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADELMAN, ELSIE		5.2 NAME	
STREET ADDRESS 244 PRESCOTT M		5.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

S RUTH MARGUS
254 PRESCOTT M
DEERFIELD BEACH, FLA.
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Feldman* **Robert Feldman 2-2-98 954 427-8961**

CFR2037 (10/97)