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Apr 14, 1999 8:00 am
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04-14-1999 90163 001 14,638.75

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740413

1. Corporation Name

PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

CENTURY VILLAGE
 C/O PRESCOTT M-250 M250
 DEERFIELD BEACH FL 33442

Mailing Address

CENTURY VILLAGE
 C/O PRESCOTT M-250 M250
 DEERFIELD BEACH FL 33442



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/14/1977

22 City & State

27 City & State

4. FEI Number
 59-1999004

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CENTURY VI
 LLAGE EAST, INC.
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME CUMMINGS, ROBERT DR
 STREET ADDRESS 249 PRESCOTT M
 CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE PRES. Change Addition
 1.2 NAME JUDITH HOWARD
 1.3 STREET ADDRESS 250 PRESCOTT M
 1.4 CITY-ST-ZIP DEERFIELD Bch. FLA 33442

TITLE VSD DELETE
 NAME HOWARD, JUDITH
 STREET ADDRESS 250 PRESCOTT M
 CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE V.P. Change Addition
 2.2 NAME SUSAN PERRY
 2.3 STREET ADDRESS 252 PRESCOTT M
 2.4 CITY-ST-ZIP DEERFIELD Bch. FLA 33442

TITLE DV DELETE
 NAME FELDMAN, BOB
 STREET ADDRESS 246 PRESCOTT M
 CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE TREAS. Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE D DELETE
 NAME STEINBERG, HERMAN
 STREET ADDRESS 255 PRESCOTT M
 CITY-ST-ZIP DEERFIELD BEACH FL

4.1 TITLE ~~DELEGATE~~ Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE S DELETE
 NAME MARCUS, RUTH
 STREET ADDRESS 254 PRESCOTT M
 CITY-ST-ZIP DEERFIELD BEACH FL

5.1 TITLE SECY. Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DIRECTOR DELETE
 NAME HEIMOWITZ, DAVID
 STREET ADDRESS 256 PRESCOTT M
 CITY-ST-ZIP DEERFIELD Bch. FLA 33442

6.1 TITLE DIR. Change Addition
 6.2 NAME EDELMAN, ELSIE
 6.3 STREET ADDRESS 244 PRESCOTT M
 6.4 CITY-ST-ZIP DEERFIELD Bch. FLA 33442

14. 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 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, with all other like empowers.

SIGNATURE: SIGNATURE REQUIRED *Pat Johnson* 1-26-98 904427-8961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0065680

CR2E037 (1/198)