

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 740413

1. Entity Name

PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.



FILED

04 APR 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66413189

Principal Place of Business Mailing Address
CONDO OWNERS ORG. OF CENTURY VILLAGE CONDO OWNERS ORG. OF CENTURY VILLAGE
3501 WEST DRIVE 3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085 DEERFIELD BEACH FL 33442-2085



MOORE CR2E037 (11/03)

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 59-1999004 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, SUSAN 252 PRESCOTT M DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, JUDITH 250 PRESCOTT M DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDMAN, BOB 246 PRESCOTT M DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, ELI 254 PRESCOTT M DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARCUS, RUTH 254 PRESCOTT M DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDELMAN, ELSIE 244 PRESCOTT M DEERFIELD BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>900034614409 04/29/04--01020--001 **15006.25</p> <p><i>[Signature]</i></p>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Judith Howard Judith Howard

2/9/04

481-2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #