


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90139 001 15,373.75

<b>DOCUMENT # 740413</b>			
1. Entity Name PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	VP	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	PERRY, SUSAN		TITLE P Susan Perry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	252 PRESCOTT M		NAME 252 Prescott M
CITY - ST - ZIP	DEERFIELD BEACH, FL		STREET ADDRESS Deerfield Beach - FL 33442
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE V DAVID Helmowitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, JUDITH		NAME 256 Prescott M
STREET ADDRESS	250 PRESCOTT M		STREET ADDRESS D.B. FL 33442
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
TITLE	T	<input type="checkbox"/> Delete	TITLE S Valerie Ward <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELDMAN, BOB		NAME 243 Prescott M
STREET ADDRESS	246 PRESCOTT M		STREET ADDRESS D.B. FL 33442
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE
NAME	MARCUS, ELI		NAME
STREET ADDRESS	254 PRESCOTT M		STREET ADDRESS
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE
NAME	MARCUS, RUTH		NAME
STREET ADDRESS	254 PRESCOTT M		STREET ADDRESS
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
TITLE	D	<input type="checkbox"/> Delete	TITLE
NAME	EDELMAN, ELSIE		NAME
STREET ADDRESS	244 PRESCOTT M		STREET ADDRESS
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
CITY - ST - ZIP	DEERFIELD BEACH, FL		CITY - ST - ZIP
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: <i>David Helmowitz</i>		3/22/05 (954) 427-1527	
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date Daytime Phone #	
DAVID HELMOWITZ			

66019143



03192005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1999004 Applied For Not Applicable

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

NOTE: Registered Agent signature required when renewing

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

Delete

Change  Addition

Delete

Change  Addition

Delete

Change  Addition

Delete

Change  Addition

Delete

Change  Addition

Delete

Change  Addition