


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754374 (7)**

1. Corporation Name  
**PRESTON AT CENTURY VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>%PRIME MANAGEMENT GROUP 1051 S ROGERS CIRCLE BOCA RATON FL 33407</b>	Mailing Address <b>%PRIME MANAGEMENT GROUP 1051 S ROGERS CIRCLE BOCA RATON FL 33407-2816</b>
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3. Date Incorporated or Qualified <b>09/26/1980</b>	3a. Date of Last Report <b>03/19/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 6300 Park of Commerce Blvd</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Boca Raton FL</b>	City & State <b>28 Boca Raton FL</b>
Zip <b>24 33434</b>	Country <b>29 30</b>

4. FEI Number <b>59-2204264</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SWATT, MYRON I.  
PRIME MANAGEMENT GROUP, INC.  
1051 S ROGERS CIRCLE  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUTTER, LOUIS	
STREET ADDRESS	PRESTON B 66	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<del>MOSES</del> ALMA SPILKA	
STREET ADDRESS	<del>PRESTON E 192</del> PRESTON A-11	
CITY - ST - ZIP	BOCA RATON FL BOCA RATON	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WILLIAM, TURKEL	
STREET ADDRESS	PRESTON E-192	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERMAN, NORMA	
STREET ADDRESS	256 PRESTON	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP-P Alma Spilka
2.3 STREET ADDRESS	A-11 Preston
2.4 CITY - ST - ZIP	Boca Raton FL 33434
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD William Turkel
3.3 STREET ADDRESS	PRESTON E-192
3.4 CITY - ST - ZIP	Boca Raton FL 33434
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Louis Rutter **REQUIRED**

CR2E037 (9/96)