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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 %PRIME MANAGEMENT GROUP 1051 S ROGERS CIRCLE BOCA RATON FL 33407	Mailing Address %PRIME MANAGEMENT GROUP 1051 S ROGERS CIRCLE BOCA RATON FL 33407-2816
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3. Date Incorporated or Qualified 09/26/1980	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 6300 Park of Commerce Blvd	4. FEI Number 59-2204264	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33434	Country 25	Zip 29 33434	Country 30

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 33407**

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 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	MOSES ALMA SPILKA	
STREET ADDRESS	PRESTON E 192 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)