FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740198 (7)

1. Corporation Name

PRESCOTT "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PRESCOTT B24 DEERFIELD BEACH FL 33442	PRESCOTT B24 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 09/21/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / 29: Country — 25 / 30:

4. FEI Number: 59-1898866 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

CONDOMINIUM OWNER ORGANIZATION OF CVE,INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEFBERG, Z ENITH		1.2 NAME		
STREET ADDRESS	PRESCOTT B 34		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	RAPPAPORT, POPPY		2.2 NAME	KESSEL, LEON	
STREET ADDRESS	PRESCOTT B 38		2.3 STREET ADDRESS	PRESCOTT B 39	
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SKOLNICK, FLORENCE		3.2 NAME		
STREET ADDRESS	PRESCOTT B 21		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUDMAN, DOROTHY		4.2 NAME	700001797617 -04/29/96--01024--001 ***15128.75	
STREET ADDRESS	PRESCOTT B 35		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARKEN, PAULINE		5.2 NAME		
STREET ADDRESS	PRESCOTT B 24		5.3 STREET ADDRESS	4|27|96 CMC	
CITY-ST-ZIP	DEERFIELD BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Pauline Arken PAULINE ARKEN 2/6/96 (954)426-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #