

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

DOCUMENT # 740198

1. Corporation Name

PRESCOTT "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

PRESCOTT B24
DEERFIELD BEACH FL 33442

Mailing Address

PRESCOTT B24
DEERFIELD BEACH FL 33442



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/21/1977

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D/V
LEFBERG, Z ENITH
STREET ADDRESS PRESCOTT B 34
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME S/D
KESSEL, LEON
STREET ADDRESS PRESCOTT B 39
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☒ DELETE

NAME V/D
SKOLNICK, FLORENCE
STREET ADDRESS PRESCOTT B 21
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE ☐ DELETE

NAME T
RUDMAN, DOROTHY
STREET ADDRESS PRESCOTT B 35
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE ☐ DELETE

NAME PD
ARKEN, PAULINE
STREET ADDRESS PRESCOTT B 24
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D/V
LEFBERG ZENITH
1.3 STREET ADDRESS PRESCOTT B 34
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME S/D
KESSEL, LEON
2.3 STREET ADDRESS PRESCOTT B 39
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Pauline Arken
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

954-426-0267

Daytime Phone #

CR2E037 (11/98)