## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 740198** Jul 12, 2000 8:00 am Secretary of State PRESCOTT "B" CONDOMINIUM ASSOCIATION, INC. 04-25-2000 90324 001 15,006.25 Principal Place of Business Malling Address PRESCOTT B24 PRESCOTT 824 DEERFIELD BEACH FL 33442-2065 **OEERFIELD BEACH FL 33442** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-1898866 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CONDOMINIUM OWNER ORGANIZATION OF CVE.INC. 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 Zip Cods City 6. 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. SIGNATURE (NOTE: Registered Agent signatura required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$81.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change TITLE ■ Addition Defete TITLE NAME NAME lefberg, z enith CRZE037 STREET ADDRESS STREET ADDRESS PRESCOTT B 34 CITY-ST-ZUF CITY-ST-ZW DEERFIELD BEACH FL 33442 ☐ Addition ☐ Chance ☐ Dalete TITLE TITLE SD NAME NAME KESSEL, LEON STREET ADDRESS STREET ADDRESS PRESCOTT B 39 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Delete TITLE ☐ Change ☐ Addition TITLE NAME LEFGERG, ZENITH NAME STREET ADDRESS STREET ADDRESS PRESCOTT B 34 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Change Addition Delete TITLE NAME NAME RUDMAN, DOROTHY STREET ADORESS PRESCOTT B 35 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 TITLE Change : Addition ☐ Onlete TITLE NAME NAME ARKEN, PAULINE STREET ADDRESS STREET ADDRESS PRESCOTT B 24 CITY-ST-78 CITY-S7-ZIP DEERFIELD BCH FL 33442 ☐ Addition ☐ Chang® ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: FOR PRINTED HAME OF SIGNING OF THER OR DIRECTOR

GRAATURE AND TYPED OR PRINTED HAME OF SIGNING OF THER OR DIRECTOR