

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

04-14-2001 90045 001 15,067.50

DOCUMENT # 740198

1. Entity Name

PRESCOTT "B" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PRESCOTT B24
 DEERFIELD BEACH FL 33442**

**PRESCOTT B24
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1898866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LEFBERG, Z ENITH**
 CITY-ST-ZIP **PRESCOTT B 34
 DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
 NAME **TSD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **KESSEL, LEON**
 CITY-ST-ZIP **PRESCOTT B 39
 DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DV**
 STREET ADDRESS **LEFBERG, ZENITH**
 CITY-ST-ZIP **PRESCOTT B 34
 DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☒ Addition
 NAME **VD**
 STREET ADDRESS **SCHWARTZ, HARRY**
 CITY-ST-ZIP **PRESCOTT B 31
 DEERFIELD BEACH, FL 33442**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2. 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 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:

LEON KESSEL 1/16/2001 (954) 426-5104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)