2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 740198 03 APR 25 PM 2: 21 1. Entity Name PRESCOTT "B" CONDOMINIUM ASSOCIATION, INC. SEUNE MARY U. STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **CONDOMINUM OWNERS ORGANIZATION** OF CENTURY VILLAGE E., INC. SI COOCVES .3501_Wast Driva Design distribution 3442-2085 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 59-1898866 City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONDOMINIUM OWNER: ORGANIZATION OF CVE, INC. Street Address (P.O. Box Number is Not Acceptable) 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Stoneture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/02) 5D TSD Change Addition TITLE ☐ Delete TITLE LEFBERG, Z ENITH NAME NAME PRESCOTT B 34 STREET ADORESS STREET ADDRESS **CR2E037** CITY-ST-ZIP DEERFIELD BEACH FL 33442 CITY-ST-ZIP PD TITLE ☐ Defete MILE □ Change Addition KESSEL, LEON NAME PRESCOTT B 39 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Delete TITLE Change Addition TITLE RYMILL, ALFACO SCHWARTZ, HARRY NAME NAME STREET ADDRESS PRESCOTT B 31. STREET ADDRESS Parscott CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 turble 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 all other like empowered.

04-18-2003 90478 001 14,700.00

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