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95 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **740408** **(0)**

1. Corporation Name

PRESCOTT "H" CONDOMINIUM ASSOCIATION, INC.

300001474783
-05/04/95--01001--001
**32760.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O PRESCOTT H 145 DEERFIELD BCH FL 33442	C/O PRESCOTT H 145 DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified: 10/14/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1964637 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 ORGANIZATION OF CENTURY VILL.
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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	KEANE, GILBERT	12 NAME		
STREET ADDRESS	PRESCOTT H 145	13 STREET ADDRESS		
CITY ST ZIP	DEERFIELD BCH FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	OFFICINA CARL	22 NAME		
STREET ADDRESS	PRESCOTT H 159	23 STREET ADDRESS		
CITY ST ZIP	DEERFIELD BCH FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE	SD -TD	☐ Change ☒ Addition
NAME	KODICEK, RUDOLPH	32 NAME	KODICEK, RUDOLPH M.	
STREET ADDRESS	PRESCOTT H 160	33 STREET ADDRESS	PRESCOTT H-160	
CITY ST ZIP	DEERFIELD BCH FL	34 CITY ST ZIP	DEERFIELD BEACH, FL	
TITLE	DT	41 TITLE	D	☒ Change ☐ Addition
NAME	SILVERMAN, JACK	42 NAME	SILVERMAN, JACK	
STREET ADDRESS	PRESCOTT H 153	43 STREET ADDRESS	PRESCOTT H-153	
CITY ST ZIP	DEERFIELD BEACH FL	44 CITY ST ZIP	DEERFIELD BEACH FL	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	VINCENT, MARGARET	
STREET ADDRESS		53 STREET ADDRESS	PRESCOTT H-165	
CITY ST ZIP		54 CITY ST ZIP	DEERFIELD BEACH FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

$8.75 11

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)(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.

SIGNATURE: Rudolph M. Kodicek -RUDOLPH M KODICEK 2-14-95 305-426-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050223