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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 740408 (0)

1. Corporation Name

PRESCOTT "H" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O PRESCOTT H. H-160
DEERFIELD BCH FL 33442

Mailing Address

C/O PRESCOTT H. H-160
DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified 10/14/1977
3a. Date of Last Report 04/27/1996

4. FEI Number 59-1964637
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM ORGANIZATION OF CENTURY VILL.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085

81 Name

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

83 000002159170--6
-04/29/97--01109--001

84 City **15190.00 **\$61.25

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 PD
NAME KEANE, GILBERT
STREET ADDRESS PRESCOTT H 145
CITY-ST-ZIP DEERFIELD BCH FL

TITLE VD
NAME OFFICINA CARL
STREET ADDRESS PRESCOTT H 159
CITY-ST-ZIP DEERFIELD BCH FL

TITLE SD
NAME KODICEK, RUDOLPH
STREET ADDRESS PRESCOTT H 160
CITY-ST-ZIP DEERFIELD BCH FL

TITLE D
NAME SILVERMAN, JACK
STREET ADDRESS PRESCOTT H-153
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE STD
NAME KODICH, RUDOLPH M
STREET ADDRESS PRESCOTT H-160
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE D
NAME VINCENT, MARGARET
STREET ADDRESS PRESCOTT H-165
CITY-ST-ZIP DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE MANDEL, ROSALIE PDT
1.2 NAME
1.3 STREET ADDRESS PRESCOTT H-152
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL... 33442

2.1 TITLE VD
2.2 NAME OFFICINA, CARL
2.3 STREET ADDRESS PRESCOTT H-159
2.4 CITY-ST-ZIP DEERFIELD BEACH, FL... 33442

3.1 TITLE SD
3.2 NAME KODICEK, RUDOLPH M.
3.3 STREET ADDRESS PRESCOTT H-160
3.4 CITY-ST-ZIP DEERFIELD BEACH, FL... 33442

4.1 TITLE TD
4.2 NAME MANDEL, ROSALIE
4.3 STREET ADDRESS PRESCOTT H-152
4.4 CITY-ST-ZIP DEERFIELD BEACH, FL... 33442

5.1 TITLE KODICEK, RUDOLPH M. DS
5.2 NAME
5.3 STREET ADDRESS PRESCOTT H-160
5.4 CITY-ST-ZIP DEERFIELD BEACH, FL... 33442

6.1 TITLE D
6.2 NAME HOLLYWOOD, MADELINE
6.3 STREET ADDRESS PRESCOTT H-161
6.4 CITY-ST-ZIP DEERFIELD BEACH, FL... 33442

14. I do 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.

SIGNATURE:

Rudolph M. Kodicek

SECRETARY - JANUARY 28, 1997 954 426-0154

Date

Daytime Phone # 0076922

CR2E037 (9/96)