

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90163 001 14,638.75

**DOCUMENT # 740408**

(0)

1. Corporation Name

**PRESCOTT "H" CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**C/O PRESCOTT H-160 DEERFIELD BEACH FL 33442** **C/O PRESCOTT H-160 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

**10/14/1977**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

**59-1964637**

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONDOMINIUM ORGANIZATION OF CENTURY VILLAGE  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDT** ☐ DELETE  
NAME **MANDEL, ROSALIE**  
STREET ADDRESS **PRESCOTT H-152**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **OFFICINA, CARL**  
STREET ADDRESS **PRESCOTT H-159**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **KODICEK, RUDOLPH M.**  
STREET ADDRESS **PRESCOTT H-160**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HOLLYWOOD, MADELINE**  
STREET ADDRESS **PRESCOTT H-161**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **GRECO, JOSEPH**  
STREET ADDRESS **PRESCOTT H-164**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **DINELLI, FELIX**  
STREET ADDRESS **PRESCOTT H-149**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **PILCH, ALFRED**  
6.3 STREET ADDRESS **PRESCOTT H-156**  
6.4 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

14. 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 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, with all other like empowered.

SIGNATURE:

*Rudolph M. Kodicek*

**Rudolph M. Kodicek**  
Secretary

**February 2, 1999** **954-426-0154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)