

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-14-2001 90045 001 15,067.50

DOCUMENT # 740408

1. Entity Name

PRESCOTT "H" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PRESCOTT H-160
 DEERFIELD BCH FL 33442

C/O PRESCOTT H-160
 DEERFIELD BCH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1964637

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

Name

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

City

FL

Zip Code

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

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	PDT	<input checked="" type="checkbox"/> Delete
NAME	MANDEL, ROSALIE	
STREET ADDRESS	PRESCOTT H-152	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OFFICINA CARL	
STREET ADDRESS	PRESCOTT H 159	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KODICEK, RUDOLPH	
STREET ADDRESS	PRESCOTT H 160	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINELLI, FELIX	
STREET ADDRESS	PRESCOTT H-149	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLYWOOD, MADELINE	
STREET ADDRESS	PRESCOTT H 161	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRECO, JOSEPH	
STREET ADDRESS	PRESCOTT H 164	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Graco, Joseph	
STREET ADDRESS	Prescott H-164	
CITY-ST-ZIP	Deerfield Beach, Fl...33442	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Officina, Carl	
STREET ADDRESS	Prescott H-159	
CITY-ST-ZIP	Deerfield Beach, Fl...	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kodicek, Rudolph M.	
STREET ADDRESS	Prescott H-160	
CITY-ST-ZIP	Deerfield Beach, Fl...33442	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dinielli, Felix	
STREET ADDRESS	Prescott H-149	
CITY-ST-ZIP	Deerfield Beach, Fl...33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keane, Hannah	
STREET ADDRESS	Prescott H-145	
CITY-ST-ZIP	Deerfield Beach, Fl...33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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:

Rudolph M. Kodicek
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudolph M. Kodicek, Secretary

954-426-0154

Date

Daytime Phone #

CR2E037 (10/00)