

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # 740408</b><br>1. Entity Name<br><b>PRESCOTT "H" CONDOMINIUM ASSOCIATION, INC.</b>  |   |   |  |  |   |
| Principal Place of Business<br><b>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BCH, FL 33442-2085</b>  |   |   | Mailing Address<br><b>CONDO OWNERS ORG. OF CENTURY VILLAGE E<br/>3501 WEST DRIVE<br/>DEERFIELD BCH, FL 33442-2085</b>  |  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |   |
| City & State   |   | City & State  |  |  |   |
| Zip  | Country   | Zip   | Country  |  |   |
| 4. FEI Number<br><b>59-1964637</b>   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | <b>\$8.75 Additional Fee Required</b>  |  |   |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent  |  |   |
| <b>CONDOMINIUM ORGANIZATION OF CENTURY VILL.</b><br><b>3501 WEST DRIVE</b><br><b>DEERFIELD BEACH, FL 33442-2085</b>  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when releasing)</small> <div style="float: right;">DATE _____</div>  |   |   |  |  |   |
| <b>Filing Fee is \$81.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>             |   |
|  |   | Make check payable to<br><b>Florida Department of State</b>                         |  |  |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD</b><br><b>LAVIOLETTE, WILFRED</b><br><b>166 PRESCOTT DR</b><br><b>DEERFIELD BEACH, FL 33442</b> | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>Felix DINIELLI</b><br><b>149 PRESCOTT H</b><br><b>D.B.H 33442</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD</b><br><b>HERMAN, MARGE</b><br><b>162 PRESCOTT DR</b><br><b>DEERFIELD BEACH, FL 33442</b>       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HANNA KEANE</b><br><b>145 PRESCOTT H.</b><br><b>D.B.H 33442</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>GRECO, JOE</b><br><b>164 PRESCOTT DR</b><br><b>DEERFIELD BEACH, FL 33442</b>           | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD</b><br><b>SCHWARTZ, JOEL</b><br><b>155 PRESCOTT H</b><br><b>DEERFIELD BEACH, FL 33442</b>       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |   |   |  |  |   |
| <b>SIGNATURE: <i>Felix Dinelli</i> FELIX DINIELLI 4/15/07 (954)531-7467</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small><br/> <small>Daytime Phone #</small> </div>  |   |   |  |  |   |

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