

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

<b>DOCUMENT # 740409</b> 1. Entity Name <b>PRESCOTT "I" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			Mailing Address <b>COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>		
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 <b>59-1941350</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE # NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BLOOM, EVELYN</b> <input type="checkbox"/> Delete <b>170 PRESCOTT I</b> <b>DEERFIELD BEACH, FL 33442</b>		TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN FUNK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>177 PRESCOTT I</b> <b>Deerfield Beach, FL 33442</b>	
TITLE # NAME STREET ADDRESS CITY-ST-ZIP	DV <b>ROSENBERG, SYLVIA</b> <input type="checkbox"/> Delete <b>142 PRESCOTT I</b> <b>DEERFIELD BEACH, FL 33442</b>		TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>HELEN ORLANDO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>169 PRESCOTT I</b> <b>D.B. H 33442</b>	
TITLE # NAME STREET ADDRESS CITY-ST-ZIP	TD <b>DEMARTINO, ROBERT</b> <input type="checkbox"/> Delete <b>174 PRESCOTT I</b> <b>DEERFIELD BEACH, FL 33442</b>		TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ALBERT BAKELMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>104 GRANTHAM A</b> <b>D.B. H 33442</b>	
TITLE # NAME STREET ADDRESS CITY-ST-ZIP	SD <b>RUBIN, ALICE</b> <input type="checkbox"/> Delete <b>184 PRESCOTT I</b> <b>DEERFIELD BEACH, FL 33442</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <input checked="" type="checkbox"/> Delete <b>ORLANDO, ALICE</b> <b>169 PRESCOTT I</b> <b>DEERFIELD, FL 33442</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>EVELYN BLOOM</b>			Date <b>4/1/06</b> Daytime Phone # <b>(954) 428-3728</b>		