

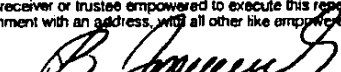


**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

66014280

<b>DOCUMENT # 740410</b>				04-27-2007 90235 001 15,496.2	
1. Entity Name <b>PRESCOTT "J" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business C/O CONDO OWNERS ORG. OF CEN, 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address C/O CONDO OWNERS ORG. OF CEN, 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		6601428	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03112007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1989804	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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	
				FL 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> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
PO SIDER, W M PRESCOTT J 188 DEERFIELD BCH. FL.,			PD BRANKO JOVANOVIĆ 195 PRESCOTT J D.B FI 33442		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TS DELLINGER, BILL 410 S. POWERLINE RD DEERFIELD BCH, FL 33442					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
VO BRIGELL, MAX 190 PRESCOTT J DEERFIELD BEACH, FL 33442					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
D COHEN, HAROLD 192 PRESCOTT J DEERFIELD BEACH, FL 33442					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
D BRIGELL, ALAN 187 PRESCOTT J DEERFIELD BEACH, FL 33442					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
C MULLER, CLIFFORD 197 PRESCOTT J DEERFIELD BEACH, FL 33442					
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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:  <b>BRANKO JOVANOVIĆ</b> 44567 (954) 571-7064					