


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

DOCUMENT # 740411

1. Entity Name
PRESCOTT "K" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
CONDO OWNERS ORG. OF CENTURY VILLAGE E **CONDO OWNERS ORG. OF CENTURY VILLAGE E**
3501 WEST DRIVE **3501 WEST DRIVE**
DEERFIELD BCH, FL 33442-2085 **DEERFIELD BCH, FL 33442-2085**

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



03112007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
59-1956064 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

CONDOMINIUM OWNERS ORGANIZATION OF C.V.E
3501 WEST DRIVE
DEERFIELD BEACH, FL 33442-2085

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$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	PD MILLER, MELVIN A PRESCOTT K 202 DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARRY CASSELMAN 210 PRESCOTT K D.B. H 37442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YANIK, RUTH PRESCOTT K-201 DEERFIELD BCH., FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JANET PRESCOTT K 202 DEERFIELD BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROCHELLE PRESCOTT K 203 DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSHAM, IRENE 207 PRESCOTT K DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEN-DAVID, LINDA 211 PRESCOTT K DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: Melvin A. Miller MELVIN A. MILLER 4/16/07 (854) 419-9689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #