

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740412

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** PRESCOTT "L" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

237 PRESCOTT L  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

**FEI Number:** 59-1962747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE BOGEN LAW GROUP  
1900 W GLADES RD  
SUITE 354  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KORNFIELD, BEVERLY  
Address: 237 PRESCOTT L  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP  
Name: DAVANT, GLENDA  
Address: 233 PRESCOTT L  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: WEINZIMER, MELVIN  
Address: 229 PRESCOTT L  
City-St-Zip: DEERFIELD BCH, FL 33442 US

Title: TS  
Name: BARON, PEGGY  
Address: 225 PRESCOTT L  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D  
Name: DUQUETTE, SERGO  
Address: 239 PRECOTT L  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BEVERLY KORNFIELD

P

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date