

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **740413** (0)  
1. Corporation Name  
**PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: CENTURY VILLAGE C/O PRESCOTT M-259 DEERFIELD BEACH FL 33442  
Mailing Address: CENTURY VILLAGE C/O PRESCOTT M-259 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 10/14/1977  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1999004  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address: Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION CENTURY VILLAGE EAST, INC.  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, LEONARD	
STREET ADDRESS	259 PRESCOTT M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HEIMOWITZ, DAVID	
STREET ADDRESS	256 PRESCOTT M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HOWARD, JUDITH	
STREET ADDRESS	250 PRESCOTT M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FELDMAN, BOB	
STREET ADDRESS	246 PRESCOTT M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NECKANOFF, FLORENCE	
STREET ADDRESS	261 PRESCOTT M	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADELMAN, ELSIE	
STREET ADDRESS	244 PRESCOTT M	
CITY-ST-ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD DR ROBERT CUMMINGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	249 PRESCOTT M	
1.3 STREET ADDRESS	DEERFIELD BCH. FLA.	
1.4 CITY-ST-ZIP		
2.1 TITLE	VSD JUDITH HOWARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	250 PRESCOTT M	
2.3 STREET ADDRESS	DEERFIELD BEACH FLA.	
2.4 CITY-ST-ZIP		
3.1 TITLE	D HERMAN STENBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	255 PRESCOTT M	
3.3 STREET ADDRESS	DEERFIELD BEACH, FLA.	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	30000179768	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/29/96--01024--001	
5.3 STREET ADDRESS	***15128.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Feldman TREAS. Date: 1-25-96 Daytime Phone #: 427-8911  
SIGNATURE: \_\_\_\_\_

CR2E037 (12/95)