

FILE NOW: FILING FEE IS \$61.25

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AND  
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97 APR 29 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 740413 (0)**

1. Corporation Name  
**PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>CENTURY VILLAGE<br/>C/O PRESCOTT M-259<br/>DEERFIELD BEACH FL 33442</b> | Mailing Address<br><b>CENTURY VILLAGE<br/>C/O PRESCOTT M-259<br/>DEERFIELD BEACH FL 33442</b> |
|---|---|



|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/14/1977</b>  | 3a. Date of Last Report<br><b>04/27/1996</b>           |
| 4. FEI Number<br><b>59-1999004</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**CONDOMINIUM OWNERS ORGANIZATION CENTURY VI  
LLAGE 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   |

**FL**

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 type="checkbox"/> DELETE            |
| NAME           | CUMMINGS, ROBERT DR |  |
| STREET ADDRESS | 249 PRESCOTT M      |  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL  |  |
| TITLE          | D                   | <input checked="" 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 checked="" 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           | <b>600002159176</b>  |
| 1.3 STREET ADDRESS | <b>-04/29/97--01109--001</b>   |
| 1.4 CITY-ST-ZIP    | <b>**15190.00 *****61.25</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>D HERMAN STEINBERG</b>  |
| 5.3 STREET ADDRESS | <b>255 PRESCOTT M</b>  |
| 5.4 CITY-ST-ZIP    | <b>DEERFIELD BCH. FL.</b>  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

*SP 4/29*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

**TREAS.**  
**2-4-97 1-954 422-8961**

CRE037 (9/96)