



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 # 740413			
1. Entity Name PRESCOTT "M" CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		Mailing Address CONDO OWNERS ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH, 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
6. Name and Address of Current Registered Agent CONDOMINIUM OWNERS ORGANIZATION CENTURY VI LLAGE EAST, INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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	PO PERRY, SUSAN 252 PRESCOTT M DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE: VD NAME: Robert CUMMINGS STREET ADDRESS: 249 PRESCOTT M CITY-ST-ZIP: D.B.H 33442
TITLE	VD HEIMOWITZ, DAVID 256 PRESCOTT M DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: Row. Tomlinson STREET ADDRESS: 241 PRESCOTT M CITY-ST-ZIP: D.B.H 33442
TITLE	TD FOLDMAN, ROBERT 246 PRESCOTT M DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE: SD NAME: DALE ENMAN STREET ADDRESS: 258 PRESCOTT M CITY-ST-ZIP: D.B.H 33442
TITLE	SD EDELMAN, ELSIE 244 PRESCOTT M DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	D YODICE, LOUIS 248 PRESCOTT M DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE	_____	<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: 		ROBERT J. CUMMINGS 4/15/07 (954) 570-7125	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66014283



03112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1999004

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required