

# 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 # **719519** (1)  
1. Corporation Name  
**PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION**



Principal Place of Business  
**401 OCEAN DRIVE  
#200  
MIAMI BEACH 33139  
US**

Mailing Address  
**401 OCEAN DRIVE  
#200  
MIAMI BEACH 33139  
US**

2. Principal Place of Business 21 <b>401 OCEAN DRIVE</b> Suite, Apt. #, etc. 22 <b>SUITE 200</b> City & State 23 <b>MIAMI BEACH, FLORIDA</b> Zip 24 <b>33139</b>	2a. Mailing Address 26 <b>401 OCEAN DRIVE</b> Suite, Apt. #, etc. 27 <b>SUITE 200</b> City & State 28 <b>MIAMI BEACH, FLORIDA</b> Zip 29 <b>33139</b>	3. Date Incorporated or Qualified <b>10/15/1970</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1303251</b>	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	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 <b>DE AUER, CHRISTINA 401 OCEAN DRIVE ROOM 201 MIAMI BEACH FL 33139</b>		10. Name and Address of New Registered Agent	

81 Name <b>BEATRICE BAXTER, PRESIDENT</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>401 OCEAN DRIVE SUITE 200</b>
83
84 City <b>MIAMI BEACH, FL</b>
85 Zip Code <b>33139</b>

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 *Beatrice Baxter* **BEATRICE BAXTER, PRESIDENT** **04/16/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE AUER, CHRISTINA 401 OCEAN DRIVE APT 617 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD BEATRICE BAXTER 401 OCEAN DRIVE APT. 1005 MIAMI BEACH, FLORIDA 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOMEZ, ROBERTO 401 OCEAN DRIVE APT 1021 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD THEODORE APRIL 401 OCEAN DRIVE APT. 518 MIAMI BEACH, FL. 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILASECA, JUAN 401 OCEAN DRIVE APT 1020 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD MALCOLM KURZBAN 401 OCEAN DRIVE APT. 1106 MIAMI BEACH, FLORIDA 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAPAPORT, MIRIAM 401 OCEAN DRIVE APT 916 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD ELLIOT SACKS 401 OCEAN DRIVE APT. 311 MIAMI BEACH, FLORIDA 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMIGA, MARIA 401 OCEAN DRIVE APT 914 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D RICHARD PALECEK 401 OCEAN DRIVE APT. 706 MIAMI BEACH, FLORIDA 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APRIL, THEODORE 401 OCEAN DRIVE APT 518 MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D WILLIAM BUGERA 401 OCEAN DRIVE APT. 711 MIAMI BEACH, FLORIDA 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Beatrice Baxter* **BEATRICE BAXTER, PRESIDENT** **04/16/96** (305) 673-4965  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)