

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90040 027 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719519**

1. Corporation Name

**PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION**

Principal Place of Business

401 OCEAN DR  
SUITE 200  
MIAMI BEACH FL 33139  
US

Mailing Address

401 OCEAN DRIVE  
SUITE 200  
MIAMI BEACH FL 33139  
US



2. Principal Place of Business

21 401 Ocean Drive

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Miami Beach, Florida

Zip

24 33139

Country

25 DADE

2a. Mailing Address

26 401 Ocean Drive

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Miami Beach, Florida

Zip

29 33139

Country

30 DADE

3. Date Incorporated or Qualified

10/15/1970

4. FEI Number -

59-1303251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BAXTER, BEATRICE  
401 OCEAN DRIVE  
SUITE 200  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

401 Ocean Drive Suite 200

83

84 City

Miami Beach,

FL

85 Zip Code

33139

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

04/06/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BAXTER, BEATRICE  
STREET ADDRESS 401 OCEAN DRIVE, APT 1005  
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☒ DELETE

NAME APRIL, THEODORE  
STREET ADDRESS 401 OCEAN DRIVE, APT 518  
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD ☒ DELETE

NAME ALLEN, RICHARD  
STREET ADDRESS 401 OCEAN DR APT 918  
CITY-ST-ZIP MIAMI BEACH FL

TITLE SD ☒ DELETE

NAME AULET, AURORA  
STREET ADDRESS 401 OCEAN DR APT 316  
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☒ DELETE

NAME CORONA, RAFAEL  
STREET ADDRESS 401 OCEAN DRIVE, APT 716  
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☒ DELETE

NAME CASTOR, HORTENSIA  
STREET ADDRESS 401 OCEAN DR APT 624  
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME A. Aulet  
1.3 STREET ADDRESS 401 Ocean Drive #316  
1.4 CITY-ST-ZIP Miami Beach, FL. 33139

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Hortensia Castor  
2.3 STREET ADDRESS 401 Ocean Drive #624  
2.4 CITY-ST-ZIP Miami Beach, Florida 33139

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Beatrice Baxter  
3.3 STREET ADDRESS 401 Ocean Drive Apt. 1005  
3.4 CITY-ST-ZIP Miami Beach, Florida 33139

4.1 TITLE SD ☒ Change ☐ Addition

4.2 NAME Theodore April  
4.3 STREET ADDRESS 401 Ocean Drive Apt. 518  
4.4 CITY-ST-ZIP Miami beach, Florida 33139

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME Santiago Casanova  
5.3 STREET ADDRESS 401 Ocean Drive Apt. 301  
5.4 CITY-ST-ZIP Miami Beach, Florida 33139

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME Barry Josepher  
6.3 STREET ADDRESS 401 Ocean Drive Apt. 703  
6.4 CITY-ST-ZIP Miami Beach, Florida 33139

14. I 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, with all other like empowered.

SIGNATURE:

*Beatrice Baxter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)