


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90103 015 \*\*\*\*61.25

<b>DOCUMENT # 719519</b>	
<b>1. Entity Name</b> PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION	

<b>Principal Place of Business</b> 401 OCEAN DRIVE, STE 200 MIAMI BEACH FL 33139 US	<b>Mailing Address</b> 401 OCEAN DRIVE, STE 200 SUITE 200 MIAMI BEACH FL 33139 US
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<b>2. Principal Place of Business</b> 401 Ocean Dr. Suite, Apt. #, etc. 200	<b>3. Mailing Address</b> 401 Ocean Dr. Suite, Apt. #, etc. 200
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<b>City &amp; State</b> Miami Beach, FL	<b>City &amp; State</b> Miami Beach, FL
<b>Zip</b> 33139	<b>Zip</b> 33139
<b>Country</b> Dade	<b>Country</b> Dade



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-1303251	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BAXTER, BEATRICE 401 OCEAN DRIVE SUITE 200 MIAMI BEACH FL 33139	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Beatrice Baxter <b>Street Address (P.O. Box Number is Not Acceptable)</b> 401 Ocean Drive Suite 200 <b>City</b> Miami Beach <b>FL</b> <b>Zip Code</b> 33139
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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** Beatrice Baxter Beatrice Baxter, President 02/16/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <input checked="" type="checkbox"/> Delete	<b>NAME</b> BAXTER, BEATRICE	<b>TITLE</b> PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Baxter, Beatrice
<b>STREET ADDRESS</b> 401 OCEAN DRIVE, APT 1005	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33139	<b>STREET ADDRESS</b> 401 Ocean Drive # 1005	<b>CITY-ST-ZIP</b> Miami Beach, FL 33139
<b>TITLE</b> VD <input checked="" type="checkbox"/> Delete	<b>NAME</b> MOMAN, KENNETH	<b>TITLE</b> VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Moman, Kenneth
<b>STREET ADDRESS</b> 401 OCEAN DRIVE APT 516	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33139	<b>STREET ADDRESS</b> 401 Ocean Drive # 516	<b>CITY-ST-ZIP</b> Miami Beach, FL 33139
<b>TITLE</b> TD <input checked="" type="checkbox"/> Delete	<b>NAME</b> REMON, MIGUEL	<b>TITLE</b> TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Remon, Miguel
<b>STREET ADDRESS</b> 401 OCEAN DRIVE APT 525	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33139	<b>STREET ADDRESS</b> 401 Ocean Drive # 525	<b>CITY-ST-ZIP</b> Miami Beach, FL 33139
<b>TITLE</b> SD <input checked="" type="checkbox"/> Delete	<b>NAME</b> APRIL, THEODORE	<b>TITLE</b> SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> April, Theodore
<b>STREET ADDRESS</b> 401 OCEAN DRIVE, APT 517	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33139	<b>STREET ADDRESS</b> 401 Ocean Drive # 810	<b>CITY-ST-ZIP</b> Miami Beach, FL 33139
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> HARVEY, JOHN	<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Harvey, John
<b>STREET ADDRESS</b> 401 OCEAN DR #514	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33139	<b>STREET ADDRESS</b> 401 Ocean Drive # 514	<b>CITY-ST-ZIP</b> Miami Beach, FL 33139
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> PAGANO, JAY	<b>TITLE</b> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Cordis, Matthew
<b>STREET ADDRESS</b> 401 OCEAN DR #918	<b>CITY-ST-ZIP</b> MIAMI BEACH FL 33139	<b>STREET ADDRESS</b> 401 Ocean Drive # 023	<b>CITY-ST-ZIP</b> Miami Beach, FL 33139

12. 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 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:** Beatrice Baxter President 03/16/05 (305) 673-4965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #