

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90461 021 \*\*\*\*61.25

**DOCUMENT # 719519**

1. Entity Name

**PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION**



Principal Place of Business

401 OCEAN DRIVE, STE 200  
MIAMI BEACH FL 33139  
US

Mailing Address

401 OCEAN DRIVE, STE 200  
SUITE 200  
MIAMI BEACH FL 33139  
US



2. Principal Place of Business

401 OCEAN DRIVE  
Suite, Apt. #, etc.  
SUITE 200

3. Mailing Address

401 OCEAN DRIVE  
Suite, Apt. #, etc.  
SUITE 200

1st MOORE

CR2E037 (10/05)

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FL

4. FEI Number

59-1303251

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MATTHEW K. CORDIS**

Street Address (P.O. Box Number is Not Acceptable)  
401 Ocean Dr. #200

City **Miami Beach**

FL

Zip Code

33139

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

03/16/06

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME BAXTER, BEATRICE  
STREET ADDRESS 401 OCEAN DRIVE, APT 1005  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VD ☒ Delete  
NAME MOMAN, KENNETH  
STREET ADDRESS 401 OCEAN DRIVE APT 516  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE TD ☒ Delete  
NAME REMON, MIGUEL  
STREET ADDRESS 401 OCEAN DRIVE APT 525  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SD ☒ Delete  
NAME APRIL, THEODORE  
STREET ADDRESS 401 OCEAN DRIVE #810  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☒ Delete  
NAME HARVEY, JOHN  
STREET ADDRESS 401 OCEAN DR #514  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☒ Delete  
NAME CORDIS, MATTHEW  
STREET ADDRESS 401 OCEAN DRIVE #623  
CITY-ST-ZIP MIAMI BEACH FL 33139

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME MATTHEW K. CORDIS  
STREET ADDRESS 401 OCEAN DR. #623  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD ☐ Change ☐ Addition  
NAME JOSEPH A. AGUIRRE  
STREET ADDRESS 401 OCEAN DR. #805  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE TD ☐ Change ☐ Addition  
NAME MILLI MEMBIELA  
STREET ADDRESS 1050 WEST AVE #1004  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SD ☐ Change ☐ Addition  
NAME MARIA T. ORTEGA  
STREET ADDRESS 401 OCEAN DR. #1020  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☐ Change ☐ Addition  
NAME MARIA FARMIGA  
STREET ADDRESS 401 OCEAN DR. #914  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☐ Change ☐ Addition  
NAME MIGUEL REMON  
STREET ADDRESS 401 OCEAN DR. #524  
CITY-ST-ZIP MIAMI BEACH, FL 33139

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

03/16/06

(305) 673-4965