

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90082 024 \*\*\*\*61.25

DOCUMENT # 719519

1. Entity Name

PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION



Principal Place of Business

401 OCEAN DRIVE  
SUITE 200  
MIAMI BEACH FL 33139  
US

Mailing Address

401 OCEAN DRIVE  
SUITE 200  
MIAMI BEACH FL 33139  
US



2. Principal Place of Business - No P.O. Box #

401 Ocean Dr.

3. Mailing Address

401 Ocean Drive

Suite, Apt. #, etc.

# 200

Suite, Apt. #, etc.

Suite 200

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

DADE

Zip

33139

Country

DADE

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1303251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPIS, MATTHEW K  
401 OCEAN DRIVE  
SUITE 200  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Cordis, Matthew

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

401 Ocean Drive

Suite 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]* President

02/15/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

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	<input checked="" type="checkbox"/> Delete
NAME	CORDIS, MATTHEW K	
STREET ADDRESS	401 OCEAN DR #623	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AGUIARE, JOSEPH A	
STREET ADDRESS	401 OCEAN DR #805	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEMNIELA, MILI	
STREET ADDRESS	650 WEST AVE #1004	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ORTEGA, MARIA T	
STREET ADDRESS	401 OCEAN RD #1026	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARMIGA, MARIA	
STREET ADDRESS	401 OCEAN DR #914	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REMON, MIGUEL	
STREET ADDRESS	401 OCEAN DR #524	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORDIS MATTHEW	
STREET ADDRESS	401 Ocean Dr. # 623	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUIRE, JOSEPH	
STREET ADDRESS	401 Ocean Dr. # 805	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMNIELA, MILLI	
STREET ADDRESS	650 West Ave # 1004	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTEGA, MARIA	
STREET ADDRESS	401 Ocean Dr. # 1026	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARMIGA, MARIA	
STREET ADDRESS	401 Ocean Dr. # 914	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REMON, MIGUEL	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/07 (305) 673-4965