

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90250 005 ****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

401 Ocean Drive

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

401 Ocean Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

DADE

Zip

33139

Country

Dade



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Beatrice Baxter

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 obligation's of registered agent.

SIGNATURE Beatrice Baxter President

04/25/03

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

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	BAXTER, BEATRICE	
STREET ADDRESS	401 OCEAN DRIVE., APT 1005	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOMAN, KENNETH	
STREET ADDRESS	401 OCEAN DRIVE APT 516	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REMON, MIGUEL	
STREET ADDRESS	401 OCEAN DRIVE APT 525	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	APRIL, THEODORE	
STREET ADDRESS	401 OCEAN DRIVE, APT 517	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLATER, J. BERT	
STREET ADDRESS	401 OCEAN DRIVE, APT 723	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURZBAN, MALCOLM	
STREET ADDRESS	401 OCEAN DRIVE APT 1106	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATRICE BAXTER	
STREET ADDRESS	401 Ocean Drive #1005	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH MOMAN	
STREET ADDRESS	401 Ocean Drive #516	
CITY-ST-ZIP	Miami Beach, Fl. 33139	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL REMON	
STREET ADDRESS	401 Ocean Drive #525	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE APRIL	
STREET ADDRESS	401 Ocean Drive #517	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HARVEY	
STREET ADDRESS	401 Ocean Drive # 514	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAY PAGANO	
STREET ADDRESS	401 Ocean Drive # 918	
CITY-ST-ZIP	Miami Beach, Florida 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

(305)673-4965

04/25/03

CR2E037 (10/02)