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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10:02

DOCUMENT # 719714 (8)
1. Corporation Name
THE PRESIDENT OF PALM BEACH-A CONDOMINIUM, INC.

Principal Place of Business Mailing Address
**2505 S. OCEAN BLVD.
PALM BEACH FL 33480** **2505 S. OCEAN BLVD.
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1970** 3a. Date of Last Report **03/11/1994**
4. FEI Number **59-1308345** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**FENDRICK, JEROME J.
2505 SOUTH OCEAN BLVD.
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name **NORMAN H. THROPE**
82 Street Address (P.O. Box Number is Not Acceptable) **2505 SOUTH OCEAN BLVD.**
83
84 City **PALM BEACH** **FL** 85 Zip Code **33480**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/3/95**
Signature of the registered agent required when registering. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FENDRICK, JEROME
STREET ADDRESS	2505 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH FL
TITLE	V
NAME	SHACTER, FRED
STREET ADDRESS	2505 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH FL
TITLE	SD
NAME	NOVOK, RUTH
STREET ADDRESS	2505 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL
TITLE	D
NAME	JUDAR, OSWALD
STREET ADDRESS	2505 S OCEAN BLVD
CITY - ST - ZIP	PALM BCH FL
TITLE	DAS
NAME	ARONS, BARBARA F.
STREET ADDRESS	2505 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL
TITLE	TAD
NAME	THROPE, NORMAN
STREET ADDRESS	2505 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	THROPE, NORMAN H.
1.4 CITY - ST - ZIP	2505 S OCEAN BLVD. PALM BEACH, FL 33480
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	ROTHBERG, SID
2.4 CITY - ST - ZIP	2505 S OCEAN BLVD. PALM BEACH, FL 33480
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	RONGAUS, LEON
6.4 CITY - ST - ZIP	2505 S OCEAN BLVD. PALM BEACH, FL 33480

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recipient of funds empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/3/95**
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR