

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719714 (8)

1. Corporation Name
THE PRESIDENT OF PALM BEACH A CONDOMINIUM, INC.

Principal Place of Business 2505 S. OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2505 S. OCEAN BLVD. PALM BEACH FL 33480
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/19/1970		
4. FEI Number 59-1308345	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**THROPE, NORMAN H.
2505 SOUTH OCEAN BLVD.
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name RUTH J. NOVOK		
82 Street Address (P.O. Box Number is Not Acceptable)		
83 2505 SOUTH OCEAN BLVD.		
84 City PALM BEACH	85 State FL	86 Zip Code 33480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ruth J. Novok* (NOTE: Registered Agent signature required when reinstating) DATE: **3/20/98**

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	THROPE, NORMAN H.	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROTHBERG, SID	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOVOK, RUTH	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RONGAUS, LEON	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAILEN, BURTON	
1.3 STREET ADDRESS	2505 S OCEAN BLVD.	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHWARTZ, LIBBY	
2.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
2.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NOVOK, RUTH J.	
3.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
3.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FENDRICK, ANITA L.	
4.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
4.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth J. Novok* *Ruth J. Novok* **3/20/98** **561/582 5313**

CR2E037 (10/97)