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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719714

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
11/19/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1308345

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NOVOK, RUTH J~~  
2505 SOUTH OCEAN BLVD.  
PALM BEACH FL 33480

81 Name **BURTON BAILEN**

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

83

84 City

FL

85 Zip Code

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE  
2/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	BAILEN, BURTON	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, LIBBY	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOVOK, RUTH J	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FENDRICK, ANITA L	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LICHTENSTEIN, JEAN	
2.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
2.4 CITY-ST-ZIP	PALM BEACH, FL. 33480	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SOWARDS, BUCKLEY	
3.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
3.4 CITY-ST-ZIP	PALM BEACH, FL. 33480	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VAISLER, SYBNEY	
4.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
4.4 CITY-ST-ZIP	PALM BEACH, FL. 33480	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SELINGER, MARIANNE	
5.3 STREET ADDRESS	2505 S. OCEAN BLVD.	
5.4 CITY-ST-ZIP	PALM BEACH, FL. 33480	
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, with all other like empowered.

SIGNATURE: *[Signature]* **BURTON BAILEN** 2/22/99 561-582-5373  
DATE Daytime Phone #

CR2E037 (11/98)