

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90366 019 ****61.25

DOCUMENT # 719714

1. Entity 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

00054933



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1308345

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, BAILEN
2505 SOUTH OCEAN BLVD.
PALM BEACH FL 33480

Name: *Burton Bailen*
 Street Address (P.O. Box Number is Not Acceptable): *Burton Bailen*
2505 S. Ocean Blvd.
 City: *Palm Beach* FL Zip Code: *33480*

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<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	LICHTENSTEIN, JEAN	
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	VD	<input type="checkbox"/> Delete
NAME	SOWARDS, BUCKLEY	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAISLER, SYDNEY	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saunders, Richard	
STREET ADDRESS	2505 S Ocean Blvd.	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ismir, Zahi	
STREET ADDRESS	2505 S. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wunsch, Charles M.D.	
STREET ADDRESS	2505 S. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Burton Bailen

CR2E037 (10/00)