

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90018 025 \*\*\*\*61.25

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**DOCUMENT # 719714**

1. Entity 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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1308345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BURTON, BAILEN 305 SOUTH OCEAN BLVD. PALM BEACH FL 33480</b>	
7. Name and Address of New Registered Agent Name: <b>Buckley Sowards</b> Street Address (P.O. Box Number is Not Acceptable): <b>2505 South Ocean Blvd</b> City: <b>Palm Beach</b> FL Zip Code: <b>33480</b>	

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: *Anita L. Fendrick* X *Buckley Sowards* 03/22/02.  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAILEN, BURTON 2505 S OCEAN BLVD PALM BCH FL 33480</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SCHWARTZ, LIBBY 2505 S OCEAN BLVD PALM BCH FL 33480</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WUNSCH, CHARLES MD 2505 S OCEAN BLVD. PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FENDRICK, ANITA L 2505 S OCEAN BLVD PALM BEACH FL 33480</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SOWARDS, BUCKLEY 2505 S OCEAN BLVD PALM BEACH FL 33480</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAISLER, SYDNEY 2505 S OCEAN BLVD PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S President Sowards, Buckley 2505 S. Ocean Blvd. Palm Beach, FL 33480</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Stanley Grey 2505 S. Ocean Blvd Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Anita Fendrick 2505 S. Ocean Blvd Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Libby Schwartz 2505 S. Ocean Blvd. Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Zahi Famin 2505 S. Ocean Blvd Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Richard Saunders 2505 S. Ocean Blvd Palm Beach FL 33480</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **SIGNATURE REQUIRED** *Anita L Fendrick* 03/22/02 561-582-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OR2E037 (9/01)