


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 719714 1. Entity Name THE PRESIDENT OF PALM BEACH-A CONDOMINIUM, INC.	
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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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DO NOT WRITE IN THIS SPACE



03012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1308345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTTO, KRALJ  
2505 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Otto Kralj* OTTO KRALJ, PRESIDENT *2/23/05*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000263131  
03/14/05-80084-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRALJ, OTTO 2505 S OCEAN BLVD PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREY, STANLEY 2505 S OCEAN BLVD PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREY, STANLEY 2505 S OCEAN BLVD. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELLUCCI, JUDITH 2505 S OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEN, BURTON 2505 S OCEAN BLVD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZETZER, ROBERT 2505 S OCEAN BLVD PALM BEACH, FL 33480

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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: *Otto Kralj* OTTO KRALJ, President *2/23/05* *561-5825373*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #