

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719714

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** THE PRESIDENT OF PALM BEACH-A CONDOMINIUM,INC.

**Current Principal Place of Business:**

2505 S. OCEAN BLVD.  
PALM BEACH, FL 33480

**New Principal Place of Business:**

2505 S. OCEAN BLVD.  
OFFICE  
PALM BEACH, FL 33480

**Current Mailing Address:**

2505 S. OCEAN BLVD.  
PALM BEACH, FL 33480

**New Mailing Address:**

2505 S. OCEAN BLVD.  
OFFICE  
PALM BEACH, FL 33480

FEI Number: 59-1308345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OTTO, KRALJ  
2505 SOUTH OCEAN BLVD.  
SUITE 604  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

HOLLAND, JEREMY H  
2505 SOUTH OCEAN BLVD.  
OFFICE  
PALM BEACH, FL 33480 US

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: JEREMY H HOLLAND

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PHARES, JOAN  
Address: 2505 S OCEAN BLVD APT 208  
City-St-Zip: PALM BCH, FL 33480

Title: VP  
Name: MORRISON, LEWIS  
Address: 2505 S OCEAN BLVD APT 215  
City-St-Zip: PALM BCH, FL 33480

Title: T  
Name: MESSERE, LOUIS  
Address: 2505 S OCEAN BLVD. APT 411  
City-St-Zip: PALM BEACH, FL 33480

Title: S  
Name: GOTTESMAN, PETER  
Address: 2505 S OCEAN BVLD APT 615  
City-St-Zip: PALM BEACH, FL 33480

Title: D  
Name: CHAUTIN, LLOYD  
Address: 2505 S OCEAN BLVD APT 710  
City-St-Zip: PALM BEACH, FL 33480

Title: D  
Name: SELLINGER, MARRIANNE  
Address: 2505 S OCEAN BLVD APT 714  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOAN A PHARES

PRES

04/05/2011

Electronic Signature of Signing Officer or Director

Date