

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

4/7/

04-07-2003 90131 029 ****61.25

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**

55039107



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **50-1308345** 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
**SOWARDS, BUCKLEY
2505 SOUTH OCEAN BLVD.
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
Name **Otto Kralj**
Street Address (P.O. Box Number is Not Acceptable)
2505 S. Ocean Blvd
Palm Beach,
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **03/03/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOWARDS, BUCKLEY	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREY, STANLEY	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FENDRICK, ANITA	
STREET ADDRESS	2505 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, LIBBY	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ISMIR, ZAH	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, RICHARD	
STREET ADDRESS	2505 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otto Kralj	President
STREET ADDRESS	2505 S. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Zeitz	VP
STREET ADDRESS	2505 S. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Grey	Nice-President Finance
STREET ADDRESS	2505 S. Ocean Blvd	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith Castellucci	Secretary
STREET ADDRESS	2505 S. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burton Bailen	
STREET ADDRESS	2505 S Ocean Blvd.	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Saunders	
STREET ADDRESS	2505 S. Ocean Blvd.	
CITY-ST-ZIP	Palm Beach FL 33480	

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]* DATE **03/03/03** (501) 582-5373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)