

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 728729 (5)

1. Corporation Name

THE LANDS OF THE PRESIDENT CONDOMINIUM SIX ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

C/O PROPERTY MANAGEMENT
4000 S 57 AVE S101
LAKE WORTH FL 33463
US

C/O PROPERTY MANAGEMENT
4000 S 57 AVE S101
LAKE WORTH FL 33463
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1974	3a. Date of Last Report 03/22/1994
4. FEI Number 59-1542960	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25 Zip	30 Country

9. Name and Address of Current Registered Agent

WILLCOX, JO ANN
1639 EMBASSY DRIVE, #202
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jo Ann Willcox Jo Ann Willcox, President 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VIA, GEORGE	1.2 NAME	
STREET ADDRESS	1623 EMBASSY DR., #202	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DAVID	2.2 NAME	
STREET ADDRESS	1707 EMBASSY DR #103	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	LOWIN, LOUIS	3.2 NAME	
STREET ADDRESS	1707 EMBASSY DR #102	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, JO ANN	4.2 NAME	
STREET ADDRESS	1639 EMBASSY DR #202	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition
NAME	GERTH, SOL	5.2 NAME	
STREET ADDRESS	1739 EMBASSY DRIVE, #103	5.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jo Ann Willcox Jo Ann Willcox 3/28/95 689-2494
Signature and typed or printed name of signing officer on director (Date) (Signature)