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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33463-4396 US

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

3. Date Incorporated or Qualified: 02/05/1974
3a. Date of Last Report: 04/02/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: JO ANN WILLCOX
82 Street Address (P.O. Box Number Is Not Acceptable): 1639 EMBASSY DRIVE, #202
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JO ANN WILLCOX JO ann willcox 3.19.97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VTD	☒ Change ☐ Addition
NAME	VIA, GEORGE		1.2 NAME	VIA, GEORGE	
STREET ADDRESS	1623 EMBASSY DR., #202		1.3 STREET ADDRESS	1623 EMBASSY DRIVE,#202	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	D	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	BROWN, DAVID		2.2 NAME	CURRAN, ELIZABETH	
STREET ADDRESS	1707 EMBASSY DR #103		2.3 STREET ADDRESS	1723 EMBASSY DRIVE,#202	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	WEST PALM BEACH,FL	
TITLE	VTD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LOWIN, LOUIS		3.2 NAME	GERTH, SOL	
STREET ADDRESS	1707 EMBASSY DR #102		3.3 STREET ADDRESS	1739 EMBASSY DRIVE,#103	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	WEST PALM BEACH,FL	
TITLE	PD	☐ DELETE	4.1 TITLE	PD	☐ Change ☐ Addition
NAME	WILCOX, JO ANN		4.2 NAME	WILLCOX, JO ANN	
STREET ADDRESS	1639 EMBASSY DR #202		4.3 STREET ADDRESS	1639 EMBASSY DRIVE, #202	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	SD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SILVER, NATALIE		5.2 NAME	SILVER, NATALIE	
STREET ADDRESS	1639 EMBASSY DR #101		5.3 STREET ADDRESS	1639 EMBASSY DRIVE,#101	
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, 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 3.19.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043860