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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 02/05/1974

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 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 PRES. DATE: 3.17.98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☐ DELETE	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	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CURRAN, ELIZABETH		2.2 NAME		
STREET ADDRESS	1723 EMBASSY DR., #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GERTH, SOL		3.2 NAME	DAVID BROWN	
STREET ADDRESS	1739 EMBASSY DR. #103		3.3 STREET ADDRESS	1707 EMBASSY DR #103	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	WEST PALM BEACH FL. 33401	
TITLE	PD	☐ DELETE	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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SILVER, NATALIE		5.2 NAME		
STREET ADDRESS	1639 EMBASSY DR #101		5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP		
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 (10/97)

14. 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 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 PRES. DATE: 3.17.98