

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

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DOCUMENT # 728729

1. Corporation Name

THE LANDS OF THE PRESIDENT CONDOMINIUM SIX ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

ACCOUNTING MONTH _____ INITIALS _____



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD NAME VIA, GEORGE STREET ADDRESS 1623 EMBASSY DR., #202 CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD NAME CURRAN, ELIZABETH STREET ADDRESS 1723 EMBASSY DR., #202 CITY-ST-ZIP WEST PALM BEACH FL

TITLE D NAME BROWN, DAVID STREET ADDRESS 1707 EMBASSY DR, #103 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE PD NAME WILCOX, JO ANN STREET ADDRESS 1639 EMBASSY DR #202 CITY-ST-ZIP WEST PALM BEACH FL

TITLE D NAME SILVER, NATALIE STREET ADDRESS 1639 EMBASSY DR #101 CITY-ST-ZIP W. PALM BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE CHAMOVIITZ HELEN 3.2 NAME 3.3 STREET ADDRESS 1807 EMBASSY DR. #202 3.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33401

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Jo ANN WILCOX 3/17/99 (561)989-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)