2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728729

1. Entity Name

THE LANDS OF THE PRESIDENT CONDOMINIUM SIX ASSOC

Principal Place of Busines	ss	Mailing Address C/O PROPERTY MANAGEMENT 4000 S 57 AVE S101 LAKE WORTH FL 33463-4368 US						
C/O PROPERTY MANAGEN 4000 S 57 AVE S101 LAKE WORTH FL 33463 US	IENT							
2. Principal Place of Business		3. Mailing Address		٦				
Suite, Apt. #, etc.		Suite, Apt. #, etc	s					
City & State		City & State						
Zip	Country	Zip	Country					

FILED Mar 28, 2000 8:00 am Secretary of State

03-28-2000 90072 044 ****61.25

City & State Country Country Country Country Country S. Cartificate of Status Desired S. S. T. Auditional S. S. T. Auditional S. Cartificate of Status Desired S. S. T. Auditional City & State Name Name Name Name Street Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of Name Registered Agent To Name and Address of New Registered Agent To Name and Address of Name Registered Agent To Name and Address of Name Registered Agent To Name and Address of Name Registered Agent Name Street Address (FC. Box Number is Not Acceptable) FL Vio Code To Viv FL Vio Code The Address (FC. Box Number is Not Acceptable) FL Vio Code To Viv FL Vio Code To	4000 S 57 AVE S101 LAKE WORTH FL 33463 US 2. Principal Place of Business		4000 S 57 AVE S101 LAKE WORTH FL 33463-4368 US 3. Mailing Address									
Sp-154/2960 Not Applicable Sp-154/2960	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS	SPACE		
S. Certification of statics Desired Fee Regulard For Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Not Address of New Registered Agent Name Street Address of New Registered Agent Name Not Address of New Registered Agent Name Not Address of New Registered Agent Name Not Address of New Registered Agent Not Address of New R	City & State			City & State								}
WILLCOX, JO ANN 1639 EMBASSY DRIVE, #202 WEST PALM BEACH FL 33401 8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the state of Fonda SIGNATURE Signature highest or proton rune of improved agent amortice if applicable (MOTE Registered Agent Spracure required when remaining) DATE	Zip		Country	Zip	Country	,	5. Certificate	e of Status Desired				
Signature ### Will Edge EMBASSY DRIVE, #202 ### Will Embassy Drive, #202 ### Drive, #203 ### Drive, #204 ### Drive, #204 ### Drive, #205 #### Drive, #205 ### Drive, #205 #### Drive, #205 ### Drive, #205 #### Drive, #205		6. Name	and Address of Current R	egistered Agent -			7. Name and	d Address of New	Registered	Agent		1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida SIGNATURE Signatura, lyade or private drawn of registered agent and life if applicable FILE NOW: FEE IS \$61.25 Trust Fund Contribution. DeFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE WAS GEORGE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P WEST PALM BEACH FL Defice WEST PALM BEACH FL STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P WEST PALM BEACH FL STREET ADDRESS STREET ADD	1639 EMB	ASSY DRIV			Street A	Address (P.C). Box Numb	er is Not Acceptabl		Zip Code)	
FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Addition Add		Signature, typed						oth, in the state of Fl	orida.			
VTD	FILE NOW:		, ,	~ —						,		
NAME STREET ADDRESS ICITY-ST-ZIP WA, GEORGE 1623 EMBASSY DR, #202 WEST PALM BEACH FL OCURRAN, ELIZABETH STREET ADDRESS ITTLE NAME STREET ADDRESS ITTLE OCURRAN, ELIZABETH STREET ADDRESS ITTLE OCURRAN	10.		OFFICERS AND DIRE		11.		DITIONS/CF	IANGES TO OFFICE	ERS AND D	IRECTORS IN		۽ إ
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12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP	portify that the	b information currelled with		NAME STREET ADDRESS CITY-ST-ZIP	ated in Socti	on 119 07/2	(i) Florida Statutos	I further of			

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:

Daytime Phone #