

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728729

1. Entity Name

THE LANDS OF THE PRESIDENT CONDOMINIUM SIX ASSOC

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

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

Principal Place of Business Mailing Address
C/O PROPERTY MANAGEMENT C/O PROPERTY MANAGEMENT
4000 S 57 AVE S101 4000 S 57 AVE S101
LAKE WORTH FL 33463 LAKE WORTH FL 33463-4368
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-1542960 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VTD	☒ Delete
NAME	VIA, GEORGE	
STREET ADDRESS	1623 EMBASSY DR., #202	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	☒ Delete
NAME	CURRAN, ELIZABETH	
STREET ADDRESS	1723 EMBASSY DR., #202	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☒ Delete
NAME	CHAMOVITZ, HELEN	
STREET ADDRESS	1807 EMBASSY DR. #202	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	☐ Delete
NAME	WILCOX, JO ANN	
STREET ADDRESS	1639 EMBASSY DR #202	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ Delete
NAME	SILVER, NATALIE	
STREET ADDRESS	1639 EMBASSY DR #101	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VTD	☐ Change ☒ Addition
NAME	QUIGLEY TIM	
STREET ADDRESS	1823 EMBASSY DR. #101	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	☒ Change ☐ Addition
NAME	CURRAN ELIZABETH	
STREET ADDRESS	1723 EMBASSY DR. #202	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SD	☐ Change ☒ Addition
NAME	HAUBER RACHAL	
STREET ADDRESS	1739 EMBASSY DR. #202	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *JO ANN WILLCOX* 3-24-00

Date

Daytime Phone #

CR2E037 (9/99)