

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90096 022 ****61.25

DOCUMENT # 728729

1. Entity Name

THE LANDS OF THE PRESIDENT CONDOMINIUM SIX ASSOC

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

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

Timothy S. Quigley

Street Address (P.O. Box Number is Not Acceptable)

1823 Embassy Dr #101

City

WPB

FL

Zip Code

33401

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	PD	☐ Change ☒ Addition
NAME	QUIGLEY TIM	
STREET ADDRESS	1823 EMBASSY DR. #101	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V/P/D	☒ Change ☐ Addition
NAME	CURRAN ELIZABETH	
STREET ADDRESS	1723 EMBASSY DR. #202	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☐ Change ☒ Addition
NAME	BARRISH ESTHER	
STREET ADDRESS	1807 EMBASSY DR. #102	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	☐ Change ☒ Addition
NAME	GORDON HERSH	
STREET ADDRESS	1823 EMBASSY DR. #102	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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

2/23/01

Date

561-616-3159

Daytime Phone #

CR2E037 (10/00)