2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90052 030 ****61.25

DOCUMENT #728729

1. Entity Name
THE LANDS OF THE PRESIDENT CONDOMINIUM SIX
ASSOCIATION INC.



ASSOCIA	TION, 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				JS		E 11885 IBIN 18858 NOIS			0 11 12
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-NP	CR2E037	7 (10/03)	
City & State		City & State			4. FEI Numb 59-154			_ 	plied For t Applicable
Zip	Country	Zip	Cou	untry		of Status Desired		8.75 Add ee Required	
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New	r Registered A	gent	
WAISFISZ, ROBERT M				Name					
# 201			Street Add	Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH, FL 33401				City FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of chan	ging its register	red office or r	registered agent, or b	oth, in the State of	Florida. I am fa	miliar with,	and accept
are obligat	ions of registered agent.	//						_	i
SIGNATURE.	Signature, wood or protect name of registered event a	and sale if applicable.	NOTE: Registere	ed Agent signature	e required when reinstating)	0.	3 - / T	1-0	1
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; ;	Filing Fee is \$61.25 Due by May 1, 2004	4	ion Campaign F Fund Contribut	~ _	\$5.00 May Added to Fee		Make check orida Departi		
10.	Due by May 1, 2004 OFFICERS AND DIR	Trust	Fund Contribut	tion. [Added to Fee		orida Departi	ment of St	ate
10. TITLE NAME	Due by May 1, 2004	Trust	Fund Contribut 11. te TITL NAM	LE D	Added to Fee ADDITIONS/CI	HANGES TO OFFIC	orida Departi CERS AND DIR	ment of St	ate
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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: .