2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #728729

SIGNATURE:

1. Entity Name
THE LANDS OF THE PRESIDENT CONDOMINIUM SIX



FILED Mar 28, 2006 8:00 am Secretary of State

03-28-2006 90132 005 ****61.25

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				1810 18 81 1816 1 8 14 81	11/1 SIBI; CIBII BISII BISII SIBI	, 101 10 10 10 10 10 10 10 10 10 10 10 10
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01172006 Chg-NP CR2E037 (11/05)			
City & State	9	City & State			4. FEI Number Applied For 59-1542960 Not Applicable			
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
WAISFISZ, ROBERT M 1623 EMBASSY DR # 201 WEST PALM BEACH, FL 33401				Street Address	X Zarets (P.O. Box Number is EMB CERY	Not Acceptable)	#103	
OUT TOTAL DEADT								01
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printed name of largestered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2006	inancing on.	\$5.00 May Be Added to Fees	1	ke check payable to la Department of St			
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTORS IN	10
TITLE	PO Delete		TITLE				☐ Change	☐ Addition
NAME	WAISFISZ, ROBERT M		NAM					
STREET ADDRESS CITY-ST-ZIP	1623 EMBASSY DR #201 WEST PALM BEACH, FL 33401		STREET ADDRESS CITY-ST-ZIP					
TITLE	TD Defete		TITLE				☐ Change	☐ Addition
NAME	SCHEATER, MARCIA		NAME					
STREET ADORESS	1639 EMBASSY DR #202			ET ADDRESS				
CITY-ST-ZIP			CiTY	-ST-ZIP				
TITLE PD -			TITLE				Change	☐ Addition
NAME	ZARETSKY, MAX		NAM				-	į
STREET ADDRESS CITY-ST-ZIP	1823 EMBASSY DR #103 WEST PALM BEACH, FL 33401			ET ADORESS - ST- ZIP				
TITLE	SD	Delete	TITLE		<u></u>		☐ Change	☐ Addition
NAME	MAHONEY, KATHY	C Ocicie	NAMI					
STREET ADDRESS	1707 EMBASSY DR #102		STRE	et address				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY	-ST-ZIP				
TITLE	ס ,	☐ Delete	TITLE	:			☐ Change	☐ Addition
NAME	SHEPTIN LOIS		NAMI					
STREET ADDRESS	1739 EMBASSY DR #203			ET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			-ST-ZIP			FI 0:	F-1 4 1 000
TITLE VPD	Andrew ZIZZO	☐ Delete	TITLE				Change	Addition
STREET ADDRESS	RESS 1739 Embassy Driva			ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06