

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90218 007 ****61.25

DOCUMENT # 728729

1. Entity Name
THE LANDS OF THE PRESIDENT CONDOMINIUM SIX 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

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
**QUIGLEY, TIMOTHY S
1823 EMBASSY DR
101
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name **WAISFISZ, ROBERT M.**
Street Address (P.O. Box Number is Not Acceptable) **1623 EMBASSY DR. #201**
City **WEST PALM BEACH 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE **ROBERT M. WAISFISZ** DATE **02-10-03**

Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIGLEY, TIM 1823 EMBASSY DR # 101 WEST PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMMERS, RUTH 1739 EMBASSY DR #203 WPB, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CURRAN, ELIZABETH 1723 EMBASSY DR., #202 WEST-PALM BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANE, JEROME 1639 EMBASSY DR #201 WPB, FL 33401 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMOVITZ, HELEN 1807 EMBASSY DR. #202 WEST PALM BEACH FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARRISH, ESTHER 1807 EMBASSY DR # 102 WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GORDON, HERSHAL 1823 EMBASSY DR # 102 WEST PALM BEACH FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAISFISZ, ROBERT M 1623 EMBASSY DR #201 WPB, FL 33401 ☐ Delete ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: DATE **02-10-03** DAYTIME PHONE # **615-0488**

CR2E037 (10/02)