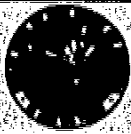


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED

95 APR 18 PM 11:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 733783 (5)

1. Corporation Name
PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business: **10 LA COSTA CIRCLE WEST PALM BEACH 33401-1022**

Mailing Address: **10 LA COSTA CIRCLE WEST PALM BEACH 33401-1022**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/08/1975**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **59-1646614**

Applied For: Not Applicable:

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

9. Name and Address of Current Registered Agent

SLAVIN, DANIEL
8 SHANNON CIRCLE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D**

NAME: **GROVES, RICHARD**

STREET ADDRESS: **4 FOXFIRE CIR**

CITY-ST-ZIP: **W PALM BEACH FL**

TITLE: **D**

NAME: **KURT, BERNIE**

STREET ADDRESS: **3125 EMBASSY DR.**

CITY-ST-ZIP: **W PALM BEACH FL**

TITLE: **D**

NAME: **SHIFMAN, EDWARD**

STREET ADDRESS: **2512 EMBASSY DR.**

CITY-ST-ZIP: **W PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward Kurt*

DATE: _____