

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>09/08/1975</b>		
4. FEI Number <b>59-1648614</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>1900 Embassy DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>West Palm Beach FL</b>	27 City & State
24 Zip <b>33401</b>	25 Country <b>USA</b>
28 Zip	29 Country
30	

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 **BERNARD KURT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3125 EMBASSY DR**  
83  
84 City **West Palm Bch FL** 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Bernard Kurt  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D.P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, REITA</b>	1.2 NAME	<b>SMITH, GLENN</b>
STREET ADDRESS	<b>2418 EMBASSY DR</b>	1.3 STREET ADDRESS	<b>2 SHANNON CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>W Palm Bch FL 33401</b>
TITLE	<b>D. J/T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KURIT, BERNIE</b>	2.2 NAME	
STREET ADDRESS	<b>3125 EMBASSY DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D, VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIFMAN, EDWARD</b>	3.2 NAME	<b>KOHN, BONNIE</b>
STREET ADDRESS	<b>2512 EMBASSY DR.</b>	3.3 STREET ADDRESS	<b>10 LA COSTA CIRCLE</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, NORMAN</b>	4.2 NAME	<b>HAWTHORNE, Ken</b>
STREET ADDRESS	<b>6 CLOISTER CIR.</b>	4.3 STREET ADDRESS	<b>2110 Embassy Drive</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>W Palm Beach FL 33401</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCAVIN, DANIEL</b>	5.2 NAME	<b>BRASS, Debbie</b>
STREET ADDRESS	<b>8 SHANNON CIR.</b>	5.3 STREET ADDRESS	<b>3131 Embassy DR</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	5.4 CITY-ST-ZIP	<b>W Palm Beach FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard Kurt **BERNARD KURT** 3/18/98 561-684-1096

CR2E037 (10/97)