

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0005578

05-16-2001 90207 021 ****61.25

DOCUMENT # 733783

1. Entity Name

PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATIO

Principal Place of Business

Mailing Address

1900 EMBASSY DR
 WEST PALM BEACH FL 33401-1022
 US

10 LA COSTA CIRCLE
 WEST PALM BEACH FL 33401-1022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1646614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURIT, BERNARD
 3125 EMBASSY DR
 WEST PALM BEACH FL 33401

Name **GLENN SMITH**
401900 Embassy DR.
West Palm Beach FL 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.

Glenn Smith, President

SIGNATURE

Glenn D. Smith

5/2/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | SMITH, GLENN | |
| STREET ADDRESS | 2 SHANNON CIR | |
| CITY-ST-ZIP | W PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KURIT, BERNIE | |
| STREET ADDRESS | 3125 EMBASSY DR. | |
| CITY-ST-ZIP | W PALM BEACH FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | KOHN, BONNIE | |
| STREET ADDRESS | 10 LA COSTA CIR | |
| CITY-ST-ZIP | W PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BELLO, MARIA | |
| STREET ADDRESS | 3215 EMBASSY DR | |
| CITY-ST-ZIP | W. PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GREENE, RANDALL | |
| STREET ADDRESS | 3222 EMBASSY DR | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Glenn D. Smith*

4/18/01 561-640-7372

CR2E037 (10/00)