## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #733783**

1. Entity Name

PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

1900 EMBASSY DR

WEST PALM BEACH, FL 33401-1022 US

Mailing Address

10 LA COSTA CIRCLE

WEST PALM BEACH, FL 33401-1022

## **FILED** May 10, 2004 8:00 am Secretary of State

05-10-2004 90479 049 \*\*\*\*61.25



01092004 No Chg-NP

CR2E037 (10/03)

4.	FEI Number		-	Applied For
_	59-1646614_	1	_	Not Applicable
			_	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current neglistered Agent	The control of the second seco
SMITH, GLENN	DON
1900 EMBASSY DRIVE	DO N
WEST PALM BEACH, FL 33401	

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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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required agent signat						
1 1 10 5 1 -	Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Finance Trust Fund Contribution.	cing \$5.00 May Be Added to Fees				
10. ,	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUDAU, JUERGEN 2829 EMBASSY DR W PALM BEACH, FL 33401					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURIT, BERNIE 3125 EMBASSY DR. W PALM BEACH, FL					
NAME STREET ADDRESS CITY-ST-ZIP	-BVP KOHN, BONNIE 101-A COOTA CIR WPALM BEACH, FL 33401	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBERGER, STEVIE 3200 EMBASSY DR W. PALM BEACH, FL 33401	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, RANDALL 3222 EMBASSY DR WEST PALM BEACH, FL 33401					
NAME STREET ADDRESS CITY-ST-ZIP	PERSONAL THE PROPERTY OF THE PERSONAL PROPERTY	notion stated in Section 119.07(3Xi). 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 a statute of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE: 4