


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90062 037 \*\*\*\*61.25

**DOCUMENT # 733783**  
 1. Entity Name  
**PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1900 EMBASSY DR**  
**WEST PALM BEACH, FL 33401 US**

Mailing Address  
**1930 COMMERCE LANE, STE. 1**  
**JUPITER, FL 33458**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

40000000



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1646614**

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

**6. Name and Address of Current Registered Agent**  
**BRISTOL MANAGEMENT SERVICES, INC.**  
**1930 COMMERCE LANE, STE 1**  
**JUPITER, FL 33458**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, ROBERT	
STREET ADDRESS	6 LA COSTA CIR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KURIT, BERNIE	
STREET ADDRESS	3125 EMBASSY DR.	
CITY-ST-ZIP	W PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINBERGER, STEVIE	
STREET ADDRESS	3200 EMBASSY DR	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREENE, RANDALL	
STREET ADDRESS	3222 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERSEY, HARRY	
STREET ADDRESS	3438 EMBASSY DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Berg	
STREET ADDRESS	3400 EMBASSY DR	
CITY-ST-ZIP	WPB FL 33401	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rachel Green	
STREET ADDRESS	2426 EMBASSY DR	
CITY-ST-ZIP	WPB, FL 33401	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY HERSEY	
STREET ADDRESS	3438 EMBASSY DR	
CITY-ST-ZIP	WPB, FL 33401	
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 exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **3-13-08** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #