

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006188

FILED  
Jan 13, 2006  
Secretary of State

**Entity Name:** PRESIDENTIAL CONDOMINIUMS OF BROWARD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4941 NW 101ST AVENUE  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

4941 NW 101ST AVENUE  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 20-3144860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAGLIO, RUSSELL  
4941 NW 101ST AVENUE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAGLIO, RUSSELL  
Address: 4941 NW 101ST AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VD ( ) Delete  
Name: ANDERSON, ROGER  
Address: 4941 NW 101ST AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: STD ( ) Delete  
Name: INGRASCI, MARIANN  
Address: 4941 NW 101ST AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL GAGLIO

PD

01/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date