

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30434

FILED
Jan 22, 2009
Secretary of State

Entity Name: PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

199 SOUTHWEST 12TH AVENUE
MIAMI, FL 331308056

New Principal Place of Business:

Current Mailing Address:

199 SW 12TH AVENUE
#199
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0114982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZO, JOSE
199 SW 12TH AVENUE
199
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

MENDOZA, JOSE
199 SW 12TH AVENUE
199
MIAMI, FL 33130 US

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: JOSE MENDOZA 01/22/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANGUEIRA, ALEX
Address: 199 SW 12TH AVE, #301
City-St-Zip: MIAMI, FL 33130

Title: TD () Delete
Name: CRUZ, MABEL
Address: 199 SW 12 AVE #506
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: BETHENCOURT, HERBERTO
Address: 199 SW 12 AVE. #COMMERCIAL UNIT
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: CAMACHO, DOLORES
Address: 199 SW 12 AVE., #304
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: MENDOZA, JOSE
Address: 199 SW12TH AVE STE 199
City-St-Zip: MIAMI, FL 33130

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:

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 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: MABEL CRUZ TD 01/22/2009

Electronic Signature of Signing Officer or Director Date