

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724377** (7)  
1. Corporation Name  
**LANDS OF THE PRESIDENT CONDOMINIUM THREE, INC. THE**



Principal Place of Business <b>D/B/A LINCOLN TOWER 2400 PRESIDENTIAL WAY WEST PALM BEACH FL 33401</b>	Mailing Address <b>D/B/A LINCOLN TOWER 2400 PRESIDENTIAL WAY WEST PALM BEACH FL 33401</b>
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3. Date Incorporated or Qualified <b>09/18/1972</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1444740</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ESPO, ADELE G. 2400 PRESIDENTIAL WAY UNIT 401 WEST PALM BEACH FL 33401</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Adele G. Espo (Adele G. Espo) April 29, 1996  
Signature, typed or printed name of registered agent and 3 month appointment (NOTE: Registered Agent signature required when appointing)

12. OFFICERS AND DIRECTORS	
TITLE	PO <input type="checkbox"/> DELETE
NAME	<b>ESPO, ADELE G</b>
STREET ADDRESS	<b>2400 PRESIDENTIAL WAY #401</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	VO <input type="checkbox"/> DELETE
NAME	<b>FINESTON, ARNOLD</b>
STREET ADDRESS	<b>2400 PRESIDENTIAL WAY #604</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>LEWIN, STANLEY</b>
STREET ADDRESS	<b>2400 PRESIDENTIAL WAY #2006</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>SETTON, JACK</b>
STREET ADDRESS	<b>2400 PRESIDENTIAL WAY #1402</b>
CITY-ST-ZIP	<b>W PLM BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>SCHAFFER, GERALD</b>
STREET ADDRESS	<b>2400 PRESIDENTIAL WAY #2003</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>ZARIN, FAY C.</b>
STREET ADDRESS	<b>2400 PRESIDENTIAL WAY #804</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TD</b>
4.3 STREET ADDRESS	<b>FINESTONE, ARNOLD</b>
4.4 CITY-ST-ZIP	<b>2400 PRESIDENTIAL WAY #604</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adele G. Espo April 29, 1996 (407) 686-2972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

# **THE** *Lincoln Tower*

724377

2-2

APRIL 29, 1996

ITEM #6 CHANGES: NAME AND STREET ADDRESS OF EACH OFFICER & DIRECTOR

P/D	ESPO, ADELE G.	2400 PRESIDENTIAL WAY #401 W.P.B., FL 33401
V/D	FINESTONE, ARNOLD	2400 PRESIDENTIAL WAY #604 W.P.B., FL 33401
T/D	FINESTONE, ARNOLD	2400 PRESIDENTIAL WAY #604 W.P.B., FL 33401
S/D	LEWIN, STANLEY	2400 PRESIDENTIAL WAY #2006 W.P.B., FL 33401
D	AL GOLIN	2400 PRESIDENTIAL WAY #1004 W.P.B., FL 33401
D	PERLMUTTER, ESTHER	2400 PRESIDENTIAL WAY #1103 W.P.B., FL 33401
D	SCHEAFFER, GERRY	2400 PRESIDENTIAL WAY #2003 W.P.B., FL 33401
D	ZARIN, FAY C.	2400 PRESIDENTIAL WAY #804 W.P.B., FL 33401