4334860

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90041 040 ****61.25

DOCUMENT # 721130

1. Entity Name
THE LANDS OF THE PRESIDENTIAL CONDOMINIUM ONE, INC.

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2. Principal Place of Business	3. Mailing Address
1701-1901 Presidential Hwy	Associated Property Mgmt.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1928 Lake Worth Rd.
City & State: West Palm Beach, FL	City & State: Lake Worth, FL
Zip: 33401 Country: USA	Zip: 33461 Country: USA

4. FEI Number 591391375 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Associated Property Management
Street Address (P.O. Box Number is Not Acceptable): 1928 Lake Worth Rd.
City: Lake Worth, FL Zip Code: 33461

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)

FEE IS $61.25
Initial or Amended UBR

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	PD
NAME	PICKARD, AL
STREET ADDRESS	1801 PRESIDENTIAL WAY, D203
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VD
NAME	SCARPIELLO, DAN
STREET ADDRESS	1801 PRESIDENTIAL WAY, D-103
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	SD
NAME	CESAREO, MARY
STREET ADDRESS	1801 PRESIDENTIAL WAY, D-204
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	TD
NAME	COULE, MARINA
STREET ADDRESS	1705 PRESIDENTIAL WAY, B-202
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	HEFEL, ERIC
STREET ADDRESS	1731 PRESIDENTIAL WAY, C-204
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Al Pickard 4/16/04 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #