


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90083 047 ****61.25

DOCUMENT # 724377					
1. Entity Name LANDS OF THE PRESIDENT CONDOMINIUM THREE, INC. THE					
Principal Place of Business D/B/A LINCOLN TOWER 2400 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401			Mailing Address D/B/A LINCOLN TOWER 2400 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1444740	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESPO, ADELE G. 2400 PRESIDENTIAL WAY UNIT 401 WEST PALM BEACH, FL 33401			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESPO, ADELE G 2400 PRESIDENTIAL WAY #401 W PALM BCH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPO, ADELE G. 2400 PRESIDENTIAL WAY #401 WEST PALM BEACH, FL. 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINESTONE, ARNOLD 2400 PRESIDENTIAL WAY 604 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLAN HIRSH 2400 PRESIDENTIAL WAY #2004 WEST PALM BEACH, FL. 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDELSOLTA, LOUIS 2400 PRESIDENTIAL WAY 1101 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARD GRAY 2400 PRESIDENTIAL WAY # PH-6 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDLE, BONNIE E 2400 PRESIDENTIAL WAY #604 W PLM BCH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDLE, BONNIE E. 2400 PRESIDENTIAL WAY # 1903 WEST PALM BEACH, FL. 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGRECA, RICHARD 585 MASTERS WAY PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY NOETH 2400 PRESIDENTIAL WAY # 1502 WEST PALM BEACH, FL. 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK, MANNY 2400 PRESIDENTIAL WAY #504 WEST PALM BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE 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: <u>Adele G. Espo Dir.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/22/07 561-686-2972 <small>Date Daytime Phone #</small>		