

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-03-2003 90424 003 ****61.25

DOCUMENT # 730831

1. Entity Name

THE LANDS OF THE PRESIDENT CONDOMINIUM SEVEN ASSOCIATION, INC.



Principal Place of Business

**2425 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401**

Mailing Address

**2425 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1563913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, BRAHM D CA
515 N FLAGLER DR # 300-A
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MICHAELS, MICHAEL	
STREET ADDRESS	2425 PRESIDENTIAL WAY	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, JOHN	
STREET ADDRESS	2425 PRESIDENTIAL WAY	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHAFER, NORMAN	
STREET ADDRESS	2425 PRESIDENTIAL WAY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAPIRO, LILIANE	
STREET ADDRESS	2425 PRESIDENTIAL WAY	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLAKOVICH, ANA	
STREET ADDRESS	2425 PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHLENSKY, MARVIN	
STREET ADDRESS	2425 PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagmeister, Steve	
STREET ADDRESS	2425 Presidential Way	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harriet Glassman	
STREET ADDRESS	2425 Presidential Way	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caryl Adair	
STREET ADDRESS	2425 Presidential Way	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VP-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liliane Shapiro	
STREET ADDRESS	2425 Presidential Way	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Levin	
STREET ADDRESS	2425 presidential Way	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Greene	
STREET ADDRESS	2425 Presidential Way	
CITY-ST-ZIP	West Palm Beach, FL 33401	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harriet Glassman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DayTime Phone #

23-03 561-684-0173

CP2E037 (10/02)