

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719714

**FILED**  
**Mar 14, 2014**  
**Secretary of State**  
**CC4763557985**

**Entity Name:** THE PRESIDENT OF PALM BEACH-A CONDOMINIUM,INC.

**Current Principal Place of Business:**

2505 S. OCEAN BLVD.  
OFFICE  
PALM BEACH, FL 33480

**Current Mailing Address:**

2505 S. OCEAN BLVD.  
OFFICE  
PALM BEACH, FL 33480

**FEI Number: 59-1308345**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ST. JOHN, DAVID  
1601 FORUM PLACE  
CENTURION TOWER, SUITE 700  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FERGUS, JEAN  
Address 2505 S OCEAN BLVD APT 605  
City-State-Zip: PALM BCH FL 33480

Title VP  
Name MARRA, ANTHONY  
Address 2505 S OCEAN BLVD APT 316  
City-State-Zip: PALM BCH FL 33480

Title T  
Name GREENSTEIN, IVAN  
Address 2505 S OCEAN BLVD. APT 511  
City-State-Zip: PALM BEACH FL 33480

Title S  
Name RINALDO, DONNA  
Address 2505 S OCEAN BVLD APT 502  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name SCHWARTZ, ALAN  
Address 2505 S OCEAN BLVD APT 517  
City-State-Zip: PALM BEACH FL 33480

Title D  
Name HECHT, ARTHUR  
Address 2505 S OCEAN BLVD APT 302  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name MCCracken, PETER  
Address 2505 S. OCEAN BLVD. APT 216  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name MARINO, JOSEPH  
Address 2505 S. OCEAN BLVD. APT 406  
City-State-Zip: PALM BEACH FL 33480

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: JEREMY H HOLLAND**

**MANAGER**

**03/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SIBSON, BRUCE  
Address        2505 S. OCEAN BLVD. APT 708  
City-State-Zip: PALM BEACH FL 33480

Title           MANAGER  
Name           HOLLAND, JEREMY H  
Address        2505 S. OCEAN BLVD.  
                 OFFICE  
City-State-Zip: PALM BEACH FL 33480