#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719714** 

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

**FILED** Feb 20, 2018 **Secretary of State** CC5560149717

## **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:

BECKER & POLIAKOFF, P.A. 625 N FLAGLER DR 7 FLOOR 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:

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	TREASURER

REIDY, DENNIS MCCRACKEN, PETER Name Name 2505 S OCEAN BLVD. 2505 S OCEAN BLVD

APT.216

Address

PALM BCH FL 33480 PALM BEACH FL 33480 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title DIRECTOR

BUHLER, DIANE BAEUMLER, MANFRED Name Name

2505 S OCEAN BVLD 2505 S OCEAN BLVD Address Address **APT 602** 

**APT 214** 

APT.607

City-State-Zip: PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480

Title **DIRECTOR** Title DIRECTOR

Name FERGUS, COLIN Name SOWARDS, BUCKLEY

2505 S OCEAN BLVD 2505 S. OCEAN BLVD. Address Address

APT 605 **APT 408** 

City-State-Zip: PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480

Title **DIRECTOR** Title **MANAGER** 

Name GALIPEAU, REYNOLD Name VIDELA, MONIQUE

2505 S. OCEAN BLVD. 2505 S. OCEAN BLVD. Address Address

> APT 312 **OFFICE**

PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480 City-State-Zip:

# 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.

02/20/2018 SIGNATURE: MONIQUE VIDELA MANAGER

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name POOLE, VALERIE

Address 2505 S OCEAN BOULEVARD

UNIT 306

City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR

Name ARSENAULT, LINDA

Address 2505 SOUTH OCEAN BLVD

APT.401

City-State-Zip: PALM BEACH FL 33480

Title VP

Name MCCRACKEN, PETER

Address 2505 SOUTH OCEAN BLVD.

APT.216

City-State-Zip: PALM BEACH FL 33480