

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719519 (1)
1. Corporation Name
PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION



Principal Place of Business 401 OCEAN DRIVE #200 MIAMI BEACH 33139 US	Mailing Address 401 OCEAN DRIVE #200 MIAMI BEACH 33139 US	3. Date Incorporated or Qualified 10/15/1970	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 401 OCEAN DRIVE Suite, Apt. #, etc. 22 SUITE 200 City & State 23 MIAMI BEACH, FLORIDA Zip 24 33139	2a. Mailing Address 26 401 OCEAN DRIVE Suite, Apt. #, etc. 27 SUITE 200 City & State 28 MIAMI BEACH, FLORIDA Zip 29 33139	4. FEI Number 59-1303251	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
25 DADE	30 DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33139 25 DADE		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE AUER, CHRISTINA 401 OCEAN DRIVE ROOM 201 MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name BEATRICE BAXTER, PRESIDENT 82 Street Address (P.O. Box Number is Not Acceptable) 401 OCEAN DRIVE SUITE 200 83 84 City MIAMI BEACH, FL 85 Zip Code 33139
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Beatrice Baxter* **BEATRICE BAXTER, PRESIDENT** DATE **04/16/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DE AUER, CHRISTINA 401 OCEAN DRIVE APT 617 MIAMI BEACH FL 33139	1.1 TITLE PD	BEATRICE BAXTER
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	401 OCEAN DRIVE APT. 1005
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE VD	GOMEZ, ROBERTO 401 OCEAN DRIVE APT 1021 MIAMI BEACH FL 33139	2.1 TITLE VD	THEODORE APRIL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	401 OCEAN DRIVE APT. 518
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE TD	VILASECA, JUAN 401 OCEAN DRIVE APT 1020 MIAMI BEACH FL 33139	3.1 TITLE TD	MALCOLM KURZBAN
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	401 OCEAN DRIVE APT. 1106
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE SD	RAPAPORT, MIRIAM 401 OCEAN DRIVE APT 916 MIAMI BEACH FL 33139	4.1 TITLE SD	ELLIOT SACKS
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	401 OCEAN DRIVE APT. 311
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE D	FARMIGA, MARIA 401 OCEAN DRIVE APT 914 MIAMI BEACH FL 33139	5.1 TITLE D	RICHARD PALECEK
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	401 OCEAN DRIVE APT. 706
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139
TITLE D	APRIL, THEODORE 401 OCEAN DRIVE APT 518 MIAMI BEACH FL 33139	6.1 TITLE D	WILLIAM BUGERA
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	401 OCEAN DRIVE APT. 711
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beatrice Baxter* **BEATRICE BAXTER, PRESIDENT** DATE **04/16/96** (305) 673-4965
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)