


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 SUITE 200 MIAMI BEACH FL 33139 US	Mailing Address 401 OCEAN DRIVE SUITE 200 MIAMI BEACH FL 33139 US
---	---

3. Date Incorporated or Qualified 10/15/1970	
4. FEI Number 59-1303251	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No Not Applicable
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	Country 25 DADE	Country 30 DADE
---	--	---------------------------	---------------------------

9. Name and Address of Current Registered Agent BAXTER, BEATRICE 401 OCEAN DRIVE SUITE 200 MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name BEATRICE BAXTER 82 Street Address (P.O. Box Number is Not Acceptable) 401 Ocean Drive 83 Suite 200 84 City Miami Beach, Florida FL 85 Zip Code 33139
---	---

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* February 20, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAXTER, BEATRICE		1.2 NAME Beatrice Baxter	
STREET ADDRESS 401 OCEAN DRIVE., APT 1005		1.3 STREET ADDRESS 401 Ocean Drive, Apt. 1005	
CITY-ST-ZIP MIAMI BEACH FL		1.4 CITY-ST-ZIP Miami Beach, FL.	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME APRIL, THEODORE		2.2 NAME Theodore April	
STREET ADDRESS 401 OCEAN DRIVE., APT 518		2.3 STREET ADDRESS 401 Ocean Drive Apt. 518	
CITY-ST-ZIP MIAMI BEACH FL		2.4 CITY-ST-ZIP Miami Beach, FL.	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KURZBAN, MALCOLM		3.2 NAME Richard Allen	
STREET ADDRESS 401 OCEAN DRIVE., APT 1106		3.3 STREET ADDRESS 401 Ocean Drive, Apt. 918	
CITY-ST-ZIP MIAMI BEACH FL		3.4 CITY-ST-ZIP Miami Beach Florida	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SACKS, ELLIOT		4.2 NAME Aurora Aulet	
STREET ADDRESS 401 OCEAN DRIVE., APT 311		4.3 STREET ADDRESS 401 Ocean Drive Apt. 316	
CITY-ST-ZIP MIAMI BEACH FL		4.4 CITY-ST-ZIP Miami Beach, Florida	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORONA, RAFAEL		5.2 NAME Rafael Corona	
STREET ADDRESS 401 OCEAN DRIVE., APT 716		5.3 STREET ADDRESS 401 Ocean Drive Apt. 716	
CITY-ST-ZIP MIAMI BEACH FL		5.4 CITY-ST-ZIP Miami Beach, FL.	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUGERA, WILLIAM		6.2 NAME Hortensia Castor	
STREET ADDRESS 401 OCEAN DRIVE., APT 711		6.3 STREET ADDRESS 401 Ocean Drive Apt. 624	
CITY-ST-ZIP MIAMI BEACH FL		6.4 CITY-ST-ZIP Miami Beach, Florida	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* 2/20/98 678-4915

CR2E037 (10/97)