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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719519

1. Corporation Name

PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION

Principal Place of Business

401 OCEAN DR
SUITE 200
MIAMI BEACH FL 33139
US

Mailing Address

401 OCEAN DRIVE
SUITE 200
MIAMI BEACH FL 33139
US



2. Principal Place of Business

21 401 Ocean Drive

Suite, Apt. #, etc.
22 Suite 200

City & State
23 Miami Beach, Florida

Zip
24 33139

Country
25 DADE

2a. Mailing Address

26 401 Ocean Drive

Suite, Apt. #, etc.
27 Suite 200

City & State
28 Miami Beach, Florida

Zip
29 33139

Country
30 DADE

3. Date Incorporated or Qualified

10/15/1970

4. FEI Number

59-1303251

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

04/06/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAXTER, BEATRICE	
STREET ADDRESS	401 OCEAN DRIVE, APT 1005	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	APRIL, THEODORE	
STREET ADDRESS	401 OCEAN DRIVE, APT 518	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, RICHARD	
STREET ADDRESS	401 OCEAN DR APT 918	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AULET, AURORA	
STREET ADDRESS	401 OCEAN DR APT 316	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORONA, RAFAEL	
STREET ADDRESS	401 OCEAN DRIVE, APT 716	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTOR, HORTENSIA	
STREET ADDRESS	401 OCEAN DR APT 624	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. Aulet	
1.3 STREET ADDRESS	401 Ocean Drive #316	
1.4 CITY-ST-ZIP	Miami Beach, Fl. 33139	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hortensia Castor	
2.3 STREET ADDRESS	401 Ocean Drive #624	
2.4 CITY-ST-ZIP	Miami Beach, Florida 33139	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Beatrice Baxter	
3.3 STREET ADDRESS	401 Ocean Drive Apt. 1005	
3.4 CITY-ST-ZIP	Miami Beach, Florida 33139	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Theodore April	
4.3 STREET ADDRESS	401 Ocean Drive Apt. 518	
4.4 CITY-ST-ZIP	Miami beach, Florida 33139	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Santiago Casanova	
5.3 STREET ADDRESS	401 Ocean Drive Apt. 301	
5.4 CITY-ST-ZIP	Miami Beach, Florida 33139	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Barry Josepher	
6.3 STREET ADDRESS	401 Ocean Drive Apt. 703	
6.4 CITY-ST-ZIP	Miami Beach, Florida 33139	

14. 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 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, with all other like empowered.

SIGNATURE:

Beatrice Baxter BEATRICE BAXTER 04/06/99

(305) 673-4965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)