

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90065 041 ****61.25

DOCUMENT # 719519

1. Entity Name

PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION

Principal Place of Business

Mailing Address

401 OCEAN DR
 SUITE 200
 MIAMI BEACH FL 33139
 US

401 OCEAN DRIVE
 SUITE 200
 MIAMI BEACH FL 33139-6634
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 Ocean Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami Beach, Florida

Zip
 33139

Country
 DADE

3. Mailing Address

401 Ocean Drive

Suite, Apt. #, etc.

Suite 200

City & State

Miami Beach, Florida

Zip
 33139

Country
 Dade

4. FEI Number

59-1303251

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAXTER, BEATRICE
 401 OCEAN DRIVE
 SUITE 200
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

BEATRICE BAXTER

Street Address (P.O. Box Number is Not Acceptable)

401 Ocean Drive Suite 200

City

Miami Beach, Florida

FL

Zip Code
 33139

8. 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

Beatrice Baxter BEATRICE BAXTER 04/15/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, BEATRICE	
STREET ADDRESS	401 OCEAN DRIVE, APT 1005	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	APRIL, THEODORE	
STREET ADDRESS	401 OCEAN DRIVE, APT 518	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTAGO, CASANOVA	
STREET ADDRESS	401 OCEAN DR APT 301	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AULET, AURORA	
STREET ADDRESS	401 OCEAN DR APT 316	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOSEPHER, BARRY	
STREET ADDRESS	401 OCEAN DR APT 703	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASTOR, HORTENSIA	
STREET ADDRESS	401 OCEAN DR APT 624	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beatrice Baxter	
STREET ADDRESS	401 Ocean Drive Apt. 1005	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Moman	
STREET ADDRESS	401 Ocean Drive Apt. 516	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose Tejidor	
STREET ADDRESS	401 Ocean Drive Apt. 418	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theodore April	
STREET ADDRESS	401 Ocean Drive Apt. 517	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Malcolm Kurzban	
STREET ADDRESS	401 Ocean Drive Apt. 1106	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miguel Remon	
STREET ADDRESS	401 Ocean Drive Apt. 524	
CITY-ST-ZIP	Miami Beach, Florida 33139	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beatrice Baxter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2000 (305)673-4965

Date

Daytime Phone #

CR09037 (9/00)