

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90008 005 ****61.25

DOCUMENT # 719519

1. Entity 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

401 ocean drive
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address

401 Ocean Drive
 Suite, Apt. #, etc.
Suite 200

City & State

Miami Beach, Fl.

City & State

Miami Beach, Fl.

4. FEI Number

59-1303251

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

4/16/2001
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Beatrice Baxter 401 Ocean Drive Apt. 1005 Miami Beach, Florida 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kenneth Moman 401 Ocean Drive Apt. 516 Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Miguel Remon 401 Ocean Drive Apt. 525 Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Theodore April 401 Ocean Drive Apt. 810 Miami beach, Florida 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Palecek 401 ocean Drive Apt. 706 Miami Beach, Florida 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malcolm Kurzban 401 Ocean Drive Apt. 1106 Miami Beach, Florida 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

4/16/2001 *305-623-4965*
 Date Daytime Phone #

CR2E037 (10/00)