

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90465 008 ****61.25


0022802

DOCUMENT # 719519
 1. Entity Name
PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION

Principal Place of Business Mailing Address
 401 OCEAN DRIVE 401 OCEAN DRIVE
 SUITE 200 SUITE 200
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139
 US US

2. Principal Place of Business 3. Mailing Address
401 Ocean Drive **401 Ocean Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**

City & State City & State
Miami Beach, Florida **Miami Beach, Florida**
 Zip Country Zip Country
33139 **DADE** **33139** **DADE**


 DO NOT WRITE IN THIS SPACE
 4. FEI Number Applied For
59-1303251 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 State Zip Code
Miami Beach **FL** **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* DATE **04/10/02**
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	PD	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, BEATRICE	
STREET ADDRESS	401 OCEAN DRIVE., APT 1005	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOMAN, KENNETH	
STREET ADDRESS	401 OCEAN DRIVE APT 518	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REMON, MIGUEL	
STREET ADDRESS	401 OCEAN DRIVE APT 525	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	APRIL, THEODORE	
STREET ADDRESS	401 OCEAN DRIVE APT 810	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALECEK, RICHARD	
STREET ADDRESS	401 OCEAN DRIVE APT 706	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURZBAN, MALCOLM	
STREET ADDRESS	401 OCEAN DRIVE APT 1106	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATRICE BAXTER	
STREET ADDRESS	401 Ocean Dr. 1005	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH MOMAN	
STREET ADDRESS	401 Ocean Dr. 518	
CITY-ST-ZIP	Miami Beach, Fl. 33139	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIGUEL REMON	
STREET ADDRESS	401 Ocean Dr. 525	
CITY-ST-ZIP	Miami Beach, Fl. 33139	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE APRIL	
STREET ADDRESS	401 Ocean Dr. 517	
CITY-ST-ZIP	Miami Beach, Fl. 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. BERT SLATER	
STREET ADDRESS	401 Ocean Dr. 723	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALCOLM KURZBAN	
STREET ADDRESS	401 Ocean Dr. 1106	
CITY-ST-ZIP	MIAMI BEACH, FL. 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, President* DATE: **04/10/02** PHONE: **(305) 673-4965**

CR2E037 (9/01)