


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90046 014 \*\*\*\*61.25

**DOCUMENT # 719519**  
 1. Entity 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**

2. Principal Place of Business: **401 Ocean Drive**  
 Suite, Apt. #, etc.: **Suite 200**  
 City & State: **Miami Beach, FL**  
 Zip: **33139** Country: **US**

3. Mailing Address: **401 Ocean Drive**  
 Suite, Apt. #, etc.: **Suite 200**  
 City & State: **Miami Beach, FL**  
 Zip: **33139** Country: **US**



MOORE CR2E037 (11/03)

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: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Beatrice Baxter, President* DATE: **04/15/04**

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 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAXTER, BEATRICE	
STREET ADDRESS	401 OCEAN DRIVE, APT 1005	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOMAN, KENNETH	
STREET ADDRESS	401 OCEAN DRIVE APT 516	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REMON, MIGUEL	
STREET ADDRESS	401 OCEAN DRIVE APT 525	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APRIL, THEODORE	
STREET ADDRESS	401 OCEAN DRIVE, APT 517	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, JOHN	
STREET ADDRESS	401 OCEAN DR #514	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGANO, JAY	
STREET ADDRESS	401 OCEAN DR #918	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **04/15/04** DAYTIME PHONE #: **(305) 673-4965**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #