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**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-21-2004 90041 040 ****61.25

DOCUMENT # 721130			
1. Entity Name THE HANDS OF THE PRESIDENT CONDOMINIUM ONE, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1701-1901 PRESIDENTIAL WAY		3. Mailing Address ASSOCIATED PROPERTY MGMT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1928 LAKE WORTH RD.	
City & State WEST PALM BEACH, FL		City & State LAKE WORTH, FL	
Zip 33401		Zip 33461	
Country USA		Country USA	
4. FEI Number 591391375		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ASSOCIATED PROPERTY MANAGEMENT			
Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD.			
City LAKE WORTH, FL Zip Code 33461			
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 _____ (NOTE: Registered Agent signature required when reinstating)			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Pat Pickard		Date: 4/16/04 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President	

CR2E037B (12/02)