
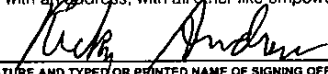


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 024 ****61.25

DOCUMENT # 723408					
1. Entity Name THE LANDS OF THE PRESIDENT CONDOMINIUM TWO, INC.					
Principal Place of Business 2000 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401			Mailing Address 2000 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06042008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1444741	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FUATOW, JERRY 4000 S. 57TH AVE #101 LAKE WORTH, FL 33463			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOFFI, JUSTINA		NAME		
STREET ADDRESS	2000 PRESIDENTIAL WAY #2003		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, RICK		NAME		
STREET ADDRESS	2000 PRESIDENTIAL WAY		STREET ADDRESS		
CITY-ST-ZIP	WST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, PETER		NAME	JOHN VAN DALEN	
STREET ADDRESS	2000 PRESIDENTIAL WAY		STREET ADDRESS	2000 PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLKIN, WILLIAM		NAME	NORA JEMCHI	
STREET ADDRESS	2000 PRESIDENTIAL WAY		STREET ADDRESS	2000 PRESIDENTIAL WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILARDELLO, ANDY		NAME		
STREET ADDRESS	2000 PRESIDENTIAL WAY #801		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, BEVERLY		NAME		
STREET ADDRESS	2000 PRESIDENTIAL WAY #502		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 6/6/08		Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					