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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724377

1. Corporation Name

**LANDS OF THE PRESIDENT CONDOMINIUM THREE, INC. T
HE**

Principal Place of Business

D/B/A LINCOLN TOWER
2400 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401

Mailing Address

D/B/A LINCOLN TOWER
2400 PRESIDENTIAL WAY
WEST PALM BEACH FL 33401



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/18/1972

4. FEI Number

59-1444740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ESPO, ADELE G.
2400 PRESIDENTIAL WAY
UNIT 401
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ESPO, ADELE G
STREET ADDRESS 2400 PRESIDENTIAL WAY #401
CITY-ST-ZIP W PALM BCH FL

TITLE VD ☒ DELETE
NAME SCHAEFFER, GERALD
STREET ADDRESS 2400 PRESIDENTIAL WAY, #2003
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☐ DELETE
NAME LEWIN, STANLEY
STREET ADDRESS 2400 PRESIDENTIAL WAY #2006
CITY-ST-ZIP W PALM BCH FL

TITLE TD ☐ DELETE
NAME FINESTONE, ARNOLD
STREET ADDRESS 2400 PRESIDENTIAL WAY #604
CITY-ST-ZIP W PLM BCH FL

TITLE D ☐ DELETE
NAME SCHWARTZ, SEYMOUR
STREET ADDRESS 2400 PRESIDENTIAL WAY, #1704
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE
NAME ZARIN, FAY C.
STREET ADDRESS 2400 PRESIDENTIAL WAY #804
CITY-ST-ZIP W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME GOLIN, ALBERT
2.3 STREET ADDRESS 2400 PRESIDENTIAL WAY, #1004
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adele G. Espo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)