

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90020 015 \*\*\*\*61.25

<b>DOCUMENT # 724377</b>					
<b>1. Entity Name</b> LANDS OF THE PRESIDENT CONDOMINIUM THREE, INC. THE					
<b>Principal Place of Business</b> D/B/A LINCOLN TOWER 2400 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401			<b>Mailing Address</b> D/B/A LINCOLN TOWER 2400 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1444740	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ESPO, ADELE G. 2400 PRESIDENTIAL WAY UNIT 401 WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing:</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD	<b>NAME</b> ESPO, ADELE G	<input type="checkbox"/> Delete	<b>TITLE</b> P.D.	<b>NAME</b> ARNOLD, FINESTONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY #401			<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY # 604		
<b>CITY-ST-ZIP</b> W PALM BCH, FL			<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		
<b>TITLE</b> D	<b>NAME</b> HIRSHHAUT, JERRY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> RICHARD GRAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY #1004			<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY PH6		
<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401			<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		
<b>TITLE</b> SD	<b>NAME</b> LEWIN, STANLEY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> ALLAN HIRSH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY #2006			<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY # 2004		
<b>CITY-ST-ZIP</b> W PALM BCH, FL			<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		
<b>TITLE</b> SD	<b>NAME</b> CORDLE, BONNIE E	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> LOUIS MENDELSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY #604			<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY # 1101		
<b>CITY-ST-ZIP</b> W PALM BCH, FL			<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401		
<b>TITLE</b> D	<b>NAME</b> SCHWARTZ, SEYMOUR	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> RICHARD LA GRECA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY, #1704			<b>STREET ADDRESS</b> 585 MASTERS WAY		
<b>CITY-ST-ZIP</b> W PALM BCH, FL			<b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33418		
<b>TITLE</b> T D	<b>NAME</b> MARK, MANNY	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2400 PRESIDENTIAL WAY #504			<b>STREET ADDRESS</b> 		
<b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33404			<b>CITY-ST-ZIP</b> 		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Adele G. Espo</i>			3/14/06 561-686-2972		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		