2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90390 050 ****70.00 **DOCUMENT #724864** THE LANDS OF THE PRESIDENT CONDOMINIUM FOUR INC 4110011 Principal Place of Business Mailing Address 1912 PRESIDENTIAL WAY 1912 PRESIDENTIAL WAY WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152006 Chg-NP CR2E037 (11/05) City & State City & State Applied For FEI Number 59-1444739 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Ŋ. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERSTEIN, EMANUEL Street Address (P.O. Box Number is Not Acceptable) 1926 PRESIDENTIAL WAY WEST PALM BCH, FL 33401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change ■ Addition GERSTEIN, EMANUEL NAME NAME STREET ADDRESS 1926 PRESIDENTIAL WAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete BUSHWELL, MARLENA NAME NAME STREET ADDRESS 1908 PRESIDENTIAL WAY STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE PD ☐ Addition Change LICHTENSTEIN, ERIC NAME NAME 1902 PRESIDENTIAL WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE D **X** Delete TITLE ☐ Change ☐ Addition GEIGER, GUNTER NAME NAME STREET ADDRESS 317 C HOWELL LANE STREET ADDRESS CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-7IP TITLE Delete Change TITLE LYNN SCOANE NAME NAME 1924 PRESIDENTIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true ee emptwered 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 abdress, with all page like appowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED