



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90027 044 \*\*\*\*61.25

<b>DOCUMENT # 724864</b> 1. Entity Name <b>THE LANDS OF THE PRESIDENT CONDOMINIUM FOUR INC</b>					
Principal Place of Business <b>123 N CONGRESS AVE #132</b> <b>BOYNTON BEACH, FL 33426 US</b> <b>Greenacres, FL 33467</b>				Mailing Address <b>123 N CONGRESS AVE #132</b> <b>BOYNTON BEACH, FL 33426 US</b> <b>Greenacres, FL 33467</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40003601</b> 	
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>59-144739</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02252008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>GERSTEIN, EMANUEL</b> <b>123 N CONGRESS AVE #132</b> <b>BOYNTON BEACH, FL 33426</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>LICHTENSTEIN, ERIC</b> <b>1902 PRESIDENTIAL WAY</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SLOANE, LYNN</b> <b>1924 PRESIDENTIAL WAY</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ <b>Dr. Martin Coffey</b> <b>1900 Presidential Way</b> <b>West Palm Beach, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>SHARKEY, LEONARD</b> <b>1930 PRESIDENTIAL WAY</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> <u>Leonard Sharkey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-6-08      (507) Date      Daytime Phone #		
<b>LEONARD SHARKEY</b>					