## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#724864**

FILED Apr 02, 2009 Secretary of State

Entity Name: THE LANDS OF THE PRESIDENT CONDOMINIUM FOUR INC

**Current Principal Place of Business: New Principal Place of Business:** 2950 JOG RD GREENACRES, FL 33467 US **Current Mailing Address: New Mailing Address:** 2950 JOG RD GREENACRES, FL 33467 US FEI Number: 59-1444739 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERSTEIN, EMANUEL LEMME, THERESA M 123 N CONGRESS AVE #132 CENTURION TOWER, SUITE 701 1601 FORUM PLACE BOYNTON BEACH, FL 33426 US WEST PALM BEACH, FL 33401 US 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. SIGNATURE: THERESA LEMME 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition LICHTENSTEIN, ERIC Name: Name: 1902 PRESIDENTIAL WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition COFFEY, MARTIN Q Name: COFFEY, MARTIN DR. Name: Address: 1900 PRESIDENTIAL WAY Address: 1900 PRESIDENTIAL WAY City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: (X) Change ( ) Addition SHARKEY, LEONARD SHARKEY, LEONARD Name: Name: 1930 PRESIDENTIAL WAY 1930 PRESIDENTIAL WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: TD ( ) Change (X) Addition Name: Name: PENN, ROBERT 1928 PRESIDENTIAL WAY Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARTIN COFFEY P 04/02/2009