

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 001 ****61.25

DOCUMENT # 728729
 1. Entity Name
THE LANDS OF THE PRESIDENT CONDOMINIUM SIX ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O Royal Crown Management C/O Royal Crown Management
 1655 PB Lakes Blvd Suite 208 1655 PB Lakes Blvd Suite 208
 WPB, FL 33401 WPB, FL 33401

40067600



2. Principal Place of Business - No P.O. Box #
SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1542960 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ZERETSKY, MAX
 1823 EMBASSY DR
 #1039Y
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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]* DATE: *5/1/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

T NAME BSHACHTER, MARCIA STREET ADDRESS 1639 EMBASSY DR #202 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
PD NAME ZARETSKY, MAX STREET ADDRESS 1823 EMBASSY DR #103 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
SD NAME MAHONEY, KATHY STREET ADDRESS 1707 EMBASSY DR #102 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
D NAME SHEPTIN, LOIS STREET ADDRESS 1739 EMBASSY DR #203 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
VPD NAME ZIZZO, ANDREW STREET ADDRESS 1759 EMBASSY DR CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

BD NAME COOPER, JAMES STREET ADDRESS 1723 EMBASSY DR # 102 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME ALBRIGHT, ED STREET ADDRESS 1807 EMBASSY DR # 103 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* Date: *4/9/08* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR