


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733783** (5)  
1. Corporation Name  
**PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>10 LA COSTA CIRCLE WEST PALM BEACH 33401-1022</b>	Mailing Address <b>10 LA COSTA CIRCLE WEST PALM BEACH 33401-1022</b>
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3. Date Incorporated or Qualified <b>09/08/1975</b>	3a. Date of Last Report <b>08/12/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>59-1646614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SLAVIN, DANIEL  
8 SHANNON CIRCLE  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GROVES, RICHARD</b>
STREET ADDRESS	<b>4 FOXFIRE CIR</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KURIT, BERNIE</b>
STREET ADDRESS	<b>3125 EMBASSY DR.</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SHIFMAN, EDWARD</b>
STREET ADDRESS	<b>2512 EMBASSY DR.</b>
CITY-ST-ZIP	<b>W PALM BEACH FL 33401</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>REITA DAVIS</b>
1.3 STREET ADDRESS	<b>2418 EMBASSY DR</b>
1.4 CITY-ST-ZIP	<b>W PALM BEACH FL 33401</b>
2.1 TITLE	<del>NAME</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>NORMAN SMITH</b>
3.3 STREET ADDRESS	<b>6 CLOISTER CIRCLE</b>
3.4 CITY-ST-ZIP	<b>W Palm Beach, FL 33401</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DANIEL SLAVIN</b>
4.3 STREET ADDRESS	<b>8 Shannon Circle</b>
4.4 CITY-ST-ZIP	<b>W Palm Beach, FL 33401</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, on an attachment with an address.

SIGNATURE: Daniel Slavin **DANIEL SLAVIN** 1-21-97 561 640 5520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038181

CR2E037 (9/96)