


FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 10 LA COSTA CIRCLE WEST PALM BEACH 33401-1022	Mailing Address 10 LA COSTA CIRCLE WEST PALM BEACH 33401-1022
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3. Date Incorporated or Qualified
09/08/1975

4. FEI Number
59-1648614

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 1900 Embassy DR Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 West Palm Beach FL	27 City & State
24 Zip 33401 25 Country USA	28 Zip 29 Country 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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 BERNARD KURT
82 Street Address (P.O. Box Number is Not Acceptable) 3125 EMBASSY DR
83
84 City West Palm Bch FL 85 Zip Code 33401

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D.P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, REITA	1.2 NAME	SMITH, GLENN
STREET ADDRESS	2418 EMBASSY DR	1.3 STREET ADDRESS	2 SHANNON CIRCLE
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	W Palm Bch FL 33401
TITLE	D. J/T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURIT, BERNIE	2.2 NAME	
STREET ADDRESS	3125 EMBASSY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D, VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIFMAN, EDWARD	3.2 NAME	KOHN, BONNIE
STREET ADDRESS	2512 EMBASSY DR.	3.3 STREET ADDRESS	10 LA COSTA CIRCLE
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NORMAN	4.2 NAME	HAWTHORNE, Ken
STREET ADDRESS	6 CLOISTER CIR.	4.3 STREET ADDRESS	2110 Embassy Drive
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVIN, DANIEL	5.2 NAME	BRASS, Debbie
STREET ADDRESS	8 SHANNON CIR.	5.3 STREET ADDRESS	3131 Embassy DR
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	W Palm Beach FL 33401
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Bernard Kurt **BERNARD KURT** 3/18/98 561-684-1096

CR2E037 (10/97)