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May 01, 1999 8:00 am  
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05-01-1999 90024 050 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733783

1. Corporation Name

PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1900 EMBASSY DR  
WEST PALM BEACH 33401-1022  
US

Mailing Address

10 LA COSTA CIRCLE  
WEST PALM BEACH 33401-1022



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/08/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1646614

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURIT, BERNARD  
3125 EMBASSY DR  
WEST PALM BEACH FL 33401

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

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 DP  
NAME SMITH, GLEEN  
STREET ADDRESS 2 SHANNON CIR  
CITY-ST-ZIP W PALM BEACH FL 33401

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME KURIT, BERNIE  
STREET ADDRESS 3125 EMBASSY DR.  
CITY-ST-ZIP W PALM BEACH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP  
NAME KOHN, BONNIE  
STREET ADDRESS 10 LA COSTA CIR  
CITY-ST-ZIP W PALM BEACH FL 33401

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME HAWTHORNE, KEN  
STREET ADDRESS 2116 EMBASSY DR  
CITY-ST-ZIP W. PALM BEACH FL 33401

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME BRASS, DEBBY  
STREET ADDRESS 3131 EMBASSY DR  
CITY-ST-ZIP W. PALM BEACH FL 33401

5.1 TITLE  Change  Addition  
5.2 NAME D La Sorte, Deborah  
5.3 STREET ADDRESS 3700 Embassy Dr  
5.4 CITY-ST-ZIP West Palm Bch, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *Bonnie Kohn* SIGNATURE REQUIRED: *Bonnie Kohn* 4/5/99 561 684 1096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)