2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 733783 Mar 21, 2000 8:00 am **Secretary of State** PRESIDENTIAL ESTATES PROPERTY OWNERS' ASSOCIATIO 03-21-2000 90063 037 ****61.25 Principal Place of Business Mailing Address 10 LA COSTA CIRCLE 1900 EMBASSY DR WEST PALM BEACH 33401-1022 WEST PALM BEACH 33401-1022 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1646614 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KURIT, BERNARD 3125 EMBASSY DR WEST PALM BEACH FL 33401 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Pavable to **\$5.00** May Be **FILE NOW:** Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. XX Change ☐ Addition TITLE DP ☐ Delete TITLE SMITH, GLENN NAME NAME SMITH, GLEEN-STREET ADDRESS STREET ADDRESS 2 SHANNON CIR CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 ☐ Addition TITLE ☐ Delete TITLE ☐ Change n NAME NAMÉ KURIT, BERNIE STREET ADDRESS STREET ADDRESS 3125 EMBASSY DR. CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Addition TITLE ☐ Delete TITLE Change DVP NAME NAME KOHN, BONNIE STREET ADDRESS STREET ADDRESS 10 LA COSTA CIR CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 **Addition** X Delete TITLE Change TITLE Bello, Maria NAME NAME HAWTHORNE, KEN STREET ADDRESS STREET ADDRESS 2116 EMBASSY DR CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33401 TITLE Change ☐ Addition TITLE NAME NAME LA SORTE, DEBORAH STREET ADDRESS STREET ADORESS 3700 EMBASSY DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change Addition X TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 4109 T-ZIP CITY-ST-ZIP 12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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