

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004632

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** PRESIDENTIAL PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3816 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3816 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0463188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WISE, JONATHAN  
3816 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WISE, JONATHAN F  
Address: 3816 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DS ( ) Delete  
Name: SILLMAN, ADRIENNE  
Address: 3816 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: BRANKER & HARVER,  
Address: 3816 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: COMPLETE THERAPY USA,  
Address: 3816 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: GOLDFADEN, GARY  
Address: 3816 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: JACOBSON, GEORGE F  
Address: 3816 HOLLYWOOD BLVD.  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN F. WISE MD

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date