2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N93000004632

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:

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

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: JONATHAN F. WISE 03/19/2009
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 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 PRES 03/19/2009
Electronic Signature of Signing Officer or Director Date