

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 20, 2009
Secretary of State

DOCUMENT# N95000002314

Entity Name: THE PRESIDENT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**361 COLLINS AVE
OFFICE
MIAMI BEACH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**361 COLLINS AVE
OFFICE
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 65-0674107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LALONDE, JACQUELINE
361 COLLINS AVE
#A8
MIAMI BEACH, FL 33139 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:** P () Delete
Name: LALONDE, JACQUELINE
Address: 361 COLLINS AVE, #A8
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** VP () Delete
Name: FRAGALE, DIANE
Address: 361 COLLINS AVE, #B2
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** T () Delete
Name: ORMENTO, JOHN
Address: 361 COLLINS AVE, #A7
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** D () Delete
Name: KELLEY, KRISTA
Address: 361 COLLINS AVE, #A1
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: NEEB, COURTNEY
Address: 361 COLLINS AVE, #10
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** T (X) Change () Addition
Name: KELLEY, KRISTA
Address: 361 COLLINS AVE, #A7
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** D (X) Change () Addition
Name: MILLER, BRYAN
Address: 361 COLLINS AVE, #B1
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** S () Change (X) Addition
Name: COBIA, REUBEN
Address: 361 COLLINS AVE, #14
City-St-Zip: MIAMI BEACH, FL 33139 US

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: JACQUELINE LALONDE

P

05/20/2009

Electronic Signature of Signing Officer or Director

Date