
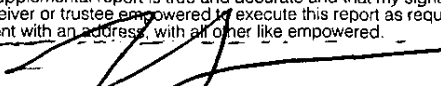


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90436 029 \*\*\*\*61.25

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N97000003509</b><br>1. Entity Name<br><b>PRESIDENTIAL ESTATES HOMEOWNERS ASSOCIATION, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>CONTINENTAL GROUP, LTD<br/>2950 N. 28TH TERRACE<br/>HOLLYWOOD, FL 33020</b>  |  |   | Mailing Address<br><b>CONTINENTAL GROUP, LTD<br/>2950 N. 28TH TERRACE<br/>HOLLYWOOD, FL 33020</b> |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>65-0883403</b>   |  |
|  |  |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent  |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>HYMAN &amp; KAPLAN COURTHOUSE TOWER<br/>150 W. FLAGER<br/>SUITE 2704 / 2701<br/>MIAMI, FL 33130</b>   |  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |  |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |  |  |
| SIGNATURE <u>SAME REGISTERED AGENT AS PREVIOUS YEAR</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>TACHER, ROBERTA<br/>5555 ANGLERS AVE., STE. 1<br/>FORT LAUDERDALE, FL 33312</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TR<br/>GIL BONWITT<br/>19410 Ambassador<br/>North Miami Beach, FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>BURRIS, DAVID<br/>5555 ANGLERS AVE., STE. 1<br/>FORT LAUDERDALE, FL 33312</b> <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>MICHAEL BAUMANN<br/>1472 Presidential Way<br/>North Miami Beach, FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DVST<br/>BIRSIC, EDWARD<br/>5555 ANGLERS AVE., STE 1<br/>FORT LAUDERDALE, FL 33312</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>SERGIO ROK<br/>1422 Presidential way<br/>North Miami Beach FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>TARA SOLOMIANY<br/>1637 Presidential Way<br/>North Miami Beach, FL 33179</b> <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>KATHRYN LICHY<br/>1678 Presidential way<br/>North Miami Beach, FL 33179</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VPD<br/>ALAN SACKIN<br/>1902 Diplomat Dev.<br/>North Miami Beach, FL 33179</b> <input type="checkbox"/> Delete                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>DANIEL GOLDSTEIN<br/>1567 Presidential way<br/>North Miami Beach, FL 33179</b> <input type="checkbox"/> Delete              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 an other like empowered. |  |   |   |  |  |
| <b>SIGNATURE:</b>  <span style="float: right;">4/26/04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |

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04082004 Chg-NP CR2E037 (10/03)