
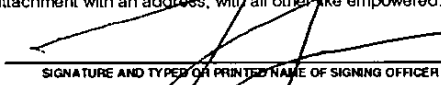


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90059 019 \*\*\*\*61.25

<b>DOCUMENT # N97000003509</b> 1. Entity Name <b>PRESIDENTIAL ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONTINENTAL GROUP, LTD</b> <b>2950 N. 28TH TERRACE</b> <b>HOLLYWOOD, FL 33020</b>			Mailing Address <b>CONTINENTAL GROUP, LTD</b> <b>2950 N. 28TH TERRACE</b> <b>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 <b>65-0883403</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HYMAN &amp; KAPLAN COURTHOUSE TOWER</b> <b>150 W. FLAGER</b> <b>SUITE 2704</b> <b>MIAMI, FL 33130</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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> <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</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONWITT, GIL</b>		NAME	<b>MICHEL COHEN</b>	
STREET ADDRESS	<b>19410 AMBADOR</b>		STREET ADDRESS	<b>1555 Presidential Way</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAUMANN, MICHAEL</b>		NAME	<b>ALBEN DUFFIE</b>	
STREET ADDRESS	<b>1472 PRESIDENTIAL WAY</b>		STREET ADDRESS	<b>19430 Ambassador Ct.</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROK SERGIO</b>		NAME	<b>KATHY LICHY</b>	
STREET ADDRESS	<b>1678 PRESIDENTIAL WAY</b>		STREET ADDRESS	<b>1678 Presidential Way</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOLOMIANY, TARA</b>		NAME	<b>SERGIO ROK</b>	
STREET ADDRESS	<b>1637 PRESIDENTIAL WAY</b>		STREET ADDRESS	<b>1422 Presidential Way</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	<b>SACKIN, ALAN</b>		NAME		
STREET ADDRESS	<b>19402 Diplomat Drive</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	<b>GOLDSTEIN, DANIEL</b>		NAME		
STREET ADDRESS	<b>1567 PRESIDENTIAL WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>		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: 			Date <u>2/12/05</u> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					