

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N01901 (0)**

1. Corporation Name  
**SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATIO N, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>8259 N MILITARY TRAIL<br/>PALM BCH GARDENS FL 33410</b> | Mailing Address<br><b>8259 N MILITARY TRAIL<br/>PALM BCH GARDENS FL 33410</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/12/1984</b>   | 3a. Date of Last Report<br><b>12/12/1994</b>           |
| 4. FEI Number<br><b>59-2457203</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>  | <b>\$68.75 Supplemental Fee Not Required</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

9. Name and Address of Current Registered Agent

**HOLDEN, PHILIP  
8259 NORTH MILITARY TRAIL  
#3  
PALM BCH GDNS FL 33410**

10. Name and Address of New Registered Agent

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> Zip Code   |

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when resigning) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                         |  |
|----------------------------|------------------------------|---|--|
| TITLE<br><b>PD</b>         | <b>HOLDEN, PHILIP M.</b>     | 11 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>8259 N MILITARY TRAIL</b> | 12 NAME   |  |
| STREET ADDRESS             | <b>PALM BCH GARDENS FL</b>   | 13 STREET ADDRESS   |  |
| CITY - ST - ZIP            |                              | 14 CITY - ST - ZIP  |  |
| TITLE<br><b>VD</b>         | <b>HIBEL, DR. JAMES</b>      | 21 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>8259 N MILITARY TRAIL</b> | 22 NAME   |  |
| STREET ADDRESS             | <b>PALM BCH GARDENS FL</b>   | 23 STREET ADDRESS   |  |
| CITY - ST - ZIP            |                              | 24 CITY - ST - ZIP  |  |
| TITLE<br><b>TD</b>         | <b>TARPELL, ALAN J.</b>      | 31 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>8259 N MILITARY TRAIL</b> | 32 NAME   |  |
| STREET ADDRESS             | <b>PALM BCH GARDENS FL</b>   | 33 STREET ADDRESS   |  |
| CITY - ST - ZIP            |                              | 34 CITY - ST - ZIP  |  |
| TITLE<br><b>SD</b>         | <b>FORD, MIKE</b>            | 41 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>8259 N MILITARY TRAIL</b> | 42 NAME   |  |
| STREET ADDRESS             | <b>PALM BCH GARDENS FL</b>   | 43 STREET ADDRESS   |  |
| CITY - ST - ZIP            |                              | 44 CITY - ST - ZIP  |  |
| TITLE                      |                              | 51 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                              | 52 NAME   |  |
| STREET ADDRESS             |                              | 53 STREET ADDRESS   |  |
| CITY - ST - ZIP            |                              | 54 CITY - ST - ZIP  |  |
| TITLE                      |                              | 61 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                              | 62 NAME   |  |
| STREET ADDRESS             |                              | 63 STREET ADDRESS   |  |
| CITY - ST - ZIP            |                              | 64 CITY - ST - ZIP  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 manager or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document with an address.

SIGNATURE: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) DATE: **4/28/95** (Typed Name)