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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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1996

SIGNATURE:

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SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATIO N. INC.

Principal Place	e of Business	Mailing Address						
8259 N MILIT	TARY TRAIL	8259 N MILITARY TRA	JL					
PALM BCH 6	GARDENS FL 33410	PALM BCH GARDENS						
					3. Date Incorporated or Qualified 03/12/1984		e of Last 5/01/ 1	
2. Principal Pl	face of Business	2a. Mailing Address 26			4. FEI Number 59-2457203			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			00 E407 E00			Not Applicable
2		27			5. Certificate of Status Desired			5 Additional Required
City & State	ө	City & State			6. Election Campaign Financing			00 May Be
Žip	Country	Zip	Cou	untry	Trust Fund Contribution 8. This corporation has liability for it			d to Fees
·	25	29	30		Florida Statutes]Yes 🔀	le.	. 100.002,
 -	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
110105	. Buttur			B1 Name				
HOLDEN	N, PHILIP DRTH MILITARY TRAIL			82 Street Add	lress (P.O. Box Number is Not Acceptable	le)		
#3	ZIVIT MILITZATI (TAML		i	83				
	CH GDNS FL 33410				_			
· · · Lim Di	VIT WOITO I E COTTO			84 City		F:	85 Zi	p Code
1. Pursuant t	to the provisions of Sections 617.0503	2 and 617 1508 Storida Statut	ac the obe		ration submits this statement for the purp	<u>PL</u>		
or register	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the o	corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	oose or chan intment as re	ging its i egistered	registered offici I agent. I am
14.77.10.1	in, and accept the obligations or, Sect	non 617.0503, Florida Statutes	3.				•	•
IGNATURE								
	 Signature, typicd or printed name of registered agent 	Land title if applicable Avr	YFF: Donistored	Agent e goot so seu des	al other management of the second			
	Signature, typed or printed name of registered agent OFFICERS AN	Land title if applicable (NC ID DIRECTORS		d Agent signature require		DATE	MICOTO	DO IN 10
2.		D DIRECTORS	13.	·····	ed when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND I		
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