

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01901 (0)

SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 8259 N MILITARY TRAIL, PALM BCH GARDENS FL 33410
Mailing Address: 8259 N MILITARY TRAIL, PALM BCH GARDENS FL 33410

3. Date Incorporated or Qualified: 03/12/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: 59-2457203
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) details including Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLDEN, PHILIP M.	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HIBEL, DR. JAMES	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TARPELL, ALAN J.	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORD, MIKE	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 receiver 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 if included, or in an attachment with an address.

SIGNATURE: _____ Date: 2/5/96 Daytime Phone #: 407 626-2004

CR2E037 (12/95)