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**Feb 18 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N01901 (0)

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



Principal Place of Business Mailing Address
**8259 N MILITARY TRAIL 8259 N MILITARY TRAIL
PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410-6327**

3. Date Incorporated or Qualified **03/12/1984** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 30. Country

24. 25. 29. 30.

4. FEI Number **59-2457203** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution** **Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE DELETE
NAME **PD HOLDEN, PHILIP M.**
STREET ADDRESS **8259 N MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VD HIBEL, DR. JAMES**
STREET ADDRESS **8259 N MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **TD TARPELL, ALAN J.**
STREET ADDRESS **8259 N MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **SD FORD, MIKE**
STREET ADDRESS **8259 N MILITARY TRAIL**
CITY-ST-ZIP **PALM BCH GARDENS FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, with an address.

SIGNATURE: *[Signature]* 1/22/97 1/561/694-1056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040934

CR2E037 (9/96)