

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90012 032 ****61.25

DOCUMENT # N01901

1. Entity Name

SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

8259 N MILITARY TRAIL Suite 11
 PALM BCH GARDENS FL 33410

8259 N MILITARY TRAIL, Suite 11
 PALM BCH GARDENS FL 33410-6327

2. Principal Place of Business

3. Mailing Address

8259 N. Military Tr

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

City & State
 P.B.G., FL

City & State

Zip
 33410

Country
 USA

Zip

Country

4. FEI Number

59-2457203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 561-626-2004
 Date Daytime Phone #

CRZE037 (9/99)