

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90233 003 \*\*\*\*61.25

**DOCUMENT # N01901**

1. Entity Name

**SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATIO**

*(LA)*

Principal Place of Business

Mailing Address

8259 N MILITARY TRAIL  
 STE 11  
 PALM BCH GARDENS FL 33410  
 US

8259 N MILITARY TRAIL  
 STE 11  
 PALM BCH GARDENS FL 33410  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2457203**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD**  
**HOLDEN, PHILIP M.**  
**8259 N MILITARY TRAIL**  
**PALM BCH GARDENS FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VD**  
**HIBEL, DR. JAMES**  
**8259 N MILITARY TRAIL**  
**PALM BCH GARDENS FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**TD**  
**TARPELL, ALAN J.**  
**8259 N MILITARY TRAIL**  
**PALM BCH GARDENS FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD**  
**FORD, MIKE**  
**8259 N MILITARY TRAIL**  
**PALM BCH GARDENS FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/01**

Date

**(561) 626-0917**

Daytime Phone

CR2E037 (10/00)



Attachment  
D# N01901  
A0576298

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

June 27, 2001

SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATION, INC.  
8259-N MILITARY TRAIL  
STE 11  
PALM BCH GARDENS, FL 33410 US

Subject: **SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATION,**

Reference **N01901**  
Number:

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

~~The check submitted is not payable to this office. Please make your check payable to the Department of State.~~

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sg  
ANNUAL REPORTS SECTION