


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90023 042 ****61.25

DOCUMENT # N01901

1. Entity Name
 SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 8259 N MILITARY TRAIL
 STE 11
 PALM BCH GARDENS, FL 33410 US

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



01212008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLDEN, PHILIP M.	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAMASON, BEVERLEY	
STREET ADDRESS	8259 N MILITARY TRAIL, STE11	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORD, MIKE	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BCH GARDENS, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SINCLAIR, STEVE	
STREET ADDRESS	8259 N MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIBEL, BILL	
STREET ADDRESS	8259 N. MILITARY TRAIL	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 1/25/08 561-626-2004 Daytime Phone #