

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01901

FILED  
Apr 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2457203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HOLDEN, PHILIP M.  
Address: 8259 N MILITARY TRAIL  
City-St-Zip: PALM BCH GARDENS, FL

Title: S ( ) Delete  
Name: JAMASON, BEVERLEY  
Address: 8259 N MILLITARY TRAIL, STE11  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD ( ) Delete  
Name: FORD, MIKE  
Address: 8259 N MILITARY TRAIL  
City-St-Zip: PALM BCH GARDENS, FL

Title: TD ( ) Delete  
Name: SINCLAIR, STEVE  
Address: 8259 N MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: HIBEL, BILL  
Address: 8259 N. MILITARY TRAIL  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: HOLDEN, PHILIP M.  
Address: 8259 N MILLITARY TRAIL, STE11  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FORD, MIKE  
Address: 8259 N MILITARY TRAIL  
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP HOLDEN

VD

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date