


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90059 046 \*\*\*\*61.25

<b>DOCUMENT # N12498</b>			
1. Entity Name <b>FREEDOM SQUARE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2531 ARAGON BLVD. SUNRISE, FL 33322</b>		Mailing Address <b>POST OFFICE BOX 9454 CORAL SPRINGS, FL 33322</b>	
2. Principal Place of Business <i>40 Benchmark Property mgmt</i>		3. Mailing Address <i>40 Benchmark Property mgmt</i>	
Suite, Apt. #, etc. <i>7932 Wiles Road</i>		Suite, Apt. #, etc. <i>7932 Wiles Road</i>	
City & State <i>CORAL SPRINGS, FL</i>		City & State <i>CORAL SPRINGS, FL</i>	
Zip <i>33067</i>	Country <i>Broward</i>	Zip <i>33067</i>	Country <i>Broward</i>
4. FEI Number <b>59-2621228</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHNAITMAN, TRACEY S 2531 ARAGON BLVD. SUNRISE, FL 33322</b>		7. Name and Address of New Registered Agent Name <i>Robert Kaye ASSOC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>10301 NW 6th WAY, Suite 103</i> City <i>Ft Lauderdale</i> FL Zip Code <i>33309</i>	
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 reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIS, GERALDO <input type="checkbox"/> Delete 801 FREEDOM CT DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, MEL <input type="checkbox"/> Delete 201 FREEDOM CT DEERFIELD BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. mel Forman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 Freedom Ct. Deerfield Beach FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMES, JAN <input checked="" type="checkbox"/> Delete 505 FREEDOM CT. DEERFIELD BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melissa New Hayakawa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 712 Freedom Court Deerfield Beach 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADOSTA, JUAN <input type="checkbox"/> Delete 505 FREEDOM CT. DEERFIELD BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		PRESIDENT <i>[Signature]</i> 2-23-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	