2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NOCOOODOS



1. Entity Nan	ER SQUARE CONDOMINIUM			0	04-17-2003 90607 045 ****61.25		
5436 JAEGER RD. #4 5436		Mailing Address 5436 JAEGER RD. #4 NAPLES FL 34109 US	6436 JAEGER RD. #4 NAPLES FL 34109		IN IKINS ANISI ANSII ANIIS ANIIS ANIIS ANIIN	18 (1811 18 11 1 8 8)	
2. Principal Place of Business 3. N		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		00 04 10202		Applied For	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	Additional	
	6. Name and Address of Current	Registered Agent		. 7. Name and Addr	ess of New Registered Agent		
4148A.C	WILLIAM- ORPORATE SO FL 34104.		Newe 5432	U Willia	M FL 2	29 09	
the obligate	e named entity submits this statement for tions of registered agent. Signature, typed or printed name registered agent	and title if applicable. (NOTE	AM NEW: ERegistered Agent signature requirements Example 1. Section 1. Sectio	ECC	Make Check Payal	Sole to	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	S IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONAN, JOHN 3019 LANGASTER DRIVE #4 NAPLES FL 34105	☐ Delete	STREET ADDRESS 36	sler. Clai	ire brive #	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP	STD DEERY, JOHN 3082:LANCASTER:DRIVE, #4 NAPLES FL 34105	☐ Delete	TITLE NAME STREET ADDRESS: CITY-ST-ZIP	voni, Vira	inia Drive t 34105		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	GOVONI, VIRGINIA 3051 LANCASTER DRIVE #3 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		□ Chan	ge 🔲 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:

Feb 6,2013