

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004450 (1)**

1. Corporation Name
SQUIRE HILL CONDOMINIUM, INC.



Principal Place of Business: **2001 SOUTH SEACREST BLVD. BOYNTON BEACH FL 33435**
Mailing Address: **2001 SOUTH SEACREST BLVD. BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **09/12/1995**
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **591478544**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FANNON, ROBERT
2001 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent
81 Name: **BJORK, DOROTHY**
82 Street Address (P.O. Box Number is Not Acceptable): **2019 So SEACREST BLVD., APT. B**
83
84 City: **BOYNTON BEACH** FL 85 Zip Code: **33435**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE: *Dorothy E. Bjork* **DOROTHY E. BJORK, Sec'y** 6-26-96
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FANNON, ROBERT MR.	
STREET ADDRESS	2037 SOUTH SEACREST BLVD., APT. B	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALANGA, GEORGE MR.	
STREET ADDRESS	2017 SOUTH SEACREST BLVD., APT. D	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MATERA, JOSEPH MR.	
STREET ADDRESS	2037 SOUTH SEACREST BLVD., APT. A	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	AKINS, WANDA MRS.	
STREET ADDRESS	2015 SOUTH SEACREST BLVD., APT. D	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DWYER, ANNE MRS.	
STREET ADDRESS	2031 SOUTH SEACREST BLVD., APT. C	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TRIFILETTI, FRANK	
13 STREET ADDRESS	2023 So SEACREST BLVD, #C	
14 CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DUGAN, HUGH	
23 STREET ADDRESS	2037 So SEACREST BLVD, #C	
24 CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BJORK, DOROTHY	
43 STREET ADDRESS	2019 So. SEACREST BLVD, #B	
44 CITY - ST - ZIP	BOYNTON BEACH, FL 33435	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	300001886033	
54 CITY - ST - ZIP	-07/08/96--01036--025	
61 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy E. Bjork, Sec'y* 6-7-96 561-732-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DOROTHY E. BJORK SECRETARY

CR2E037 (12/95)