FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000004450 (1) DOCUMENT #

SQUIRE HILL CONDOMINIUM, INC.

Principal Place of Business Mailing Address 2001 SOUTH SEACREST BLVD. 2001 SOUTH SEACREST BLVD. BOYNTON BEACH FL 33435-6814 **BOYNTON BEACH FL 33435** Date Incorporated or Qualified 09/12/1995 3a. Date of Last Report 07/03/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-1478544 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name BJORK, DORTHY 82 Street Address (P.O. Box Number is Not Acceptable) 2019 SOUTH SEACREST BLVD. 83 APT B **BOYNTON BEACH FL 33435** 84 Zip Code 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 office 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 617.0503, Florida Statutes. SIGNATURE Dorothy E. Bjork, Sec., Director Signature, hyped or printed name of registered agent and bile if applicable (NOTE: 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTLE PD DELETE 1.1 TITLE Change : Addition NAME TRIFILETTI, FRANK 1.2 NAME Reid, John 2023 SOUTH SEACREST BLVD. #C STREET ADDRESS 1.3 STREET ADDRESS 2021 South Seacrest Blvd., **BOYNTON BEACH FL 33435** DITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME DUGAN, HUGH 2.2 NAME McGregor, Sandra 2037 SOUTH SEACREST BLVD. #C STREET ADDRESS 2.3 STREET ADDRESS 2015 South Seacrest Blvd., #C **BOYNTON BEACH FL 33435** City-St-ZIP 2. 4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE MATERA, JOSEPH MR. NAME 3.2 NAME 2037 SOUTH SEACREST BLVD., APT. A STREET ADDRESS **3.3 STREET ADORESS** OMIT/DELETE **BOYNTON BEACH FL 33435** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BJORK, DOROTHY NAME 4. 2 NAME 2019 SOUTH SEACREST BLVD., APT. B STREET ADDRESS 4.3 STREET ADDRESS BOYNTON BEACH FL 33435 CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TILLE TD 5.1 TITLE DWYER, ANNE MRS. NAME 5.2 NAME 2031 SOUTH SEACREST BLVD., APT. C STREET ADDRESS 5.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITEF 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP I do 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 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

STREET ADDRESS

CITY-ST-ZIE

appears in Block 12 or Block 13 If changed, or on an attachment with an address

FILED

May 19 1997 8:00am

Secretary of State

Daytime Phone # 0042270

1-561-732-5571