

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/12/1995	
4. FEI Number 59-1478544	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BJORK, DORTHY
2019 SOUTH SEACREST BLVD.
APT B
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name MCGREGOR, SANDRA	
82 Street Address (P.O. Box Number is Not Acceptable) 2017 SO. SEACREST BLVD., APT C	
83	
84 City BOYNTON BEACH, FL	85 Zip Code 33435

11. Pursuant to the provisions of Sections 617.04(2) 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 617.0508, Florida Statutes.

SIGNATURE *Sandra MCGregor* **SANDRA MCGREGOR, SEC'Y** DATE **4/10/98**

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME REID, JOHN	
STREET ADDRESS 2021 S SEACREST BLVD, #A	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME MCGREGOR, SANDRA	
STREET ADDRESS 2015 S SEACREST BLVD, #C	
CITY-ST-ZIP BOYNTON BEACH FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME BJORK, DOROTHY	
STREET ADDRESS 2019 SOUTH SEACREST BLVD., APT. B	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME WILKIN, ALEXANDER	
1.3 STREET ADDRESS 2039 SO. SEACREST BLVD., APT A	
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33435	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SD	
2.3 STREET ADDRESS 2017 SO. SEACREST BLVD., APT C	
2.4 CITY-ST-ZIP	
3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME SANCHEZ, SHEILA	
3.3 STREET ADDRESS 2025 SO. SEACREST BLVD., APT D	
3.4 CITY-ST-ZIP BOYNTON BEACH, FL 33435	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME AKINS, WANDA	
5.3 STREET ADDRESS 2015 SO. SEACREST BLVD., APT D	
5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33435	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Sandra MCGregor* **SANDRA MCGREGOR, SEC'Y** DATE **4/10/98**

(NOTE: Signature and typed or printed name of elected officer or director)

CR2E037 (10/97)