

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90055 001 \*\*\*\*61.25

0044172

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004450**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/12/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1478544
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BJORK, DORTHY 2019 SOUTH SEACREST BLVD. APT B BOYNTON BEACH FL 33435				81 Name	AKINS, WANDA		
				82 Street Address (P.O. Box Number is Not Acceptable)	2015 SOUTH SEACREST BLVD.		
				83	APT D		
				84 City	BOYNTON BEACH	FL	85 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: *Wanda Akins* **WANDA AKINS, SEC'Y** DATE: **3-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	WILKIN, ALEXANDER	1.2 NAME	GALIMI, FRANCIS
STREET ADDRESS	2039 SO SEACREST BLVD., APT A	1.3 STREET ADDRESS	2035 SO SEACREST BLVD, APT D
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MCGREGOR, SANDRA	2.2 NAME	AKINS, WANDA
STREET ADDRESS	2017 SO SEACREST BLVD., APT D	2.3 STREET ADDRESS	2015 SO SEACREST BLVD. APT D
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SANCHEZ, SHEILA	3.2 NAME	MATERA, JOSEPH
STREET ADDRESS	2025 SO SEACREST BLVD., APT D	3.3 STREET ADDRESS	2037 SO SEACREST BLVD, APT A
CITY-ST-ZIP	BOYNTON BEACH FL 33435	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	DWYER, ANNE MRS.	4.2 NAME	HEPLER, JEAN
STREET ADDRESS	2031 SOUTH SEACREST BLVD., APT. C	4.3 STREET ADDRESS	2023 SO SEACREST BLVD, APT D
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	AKINS, WANDA	5.2 NAME	FISHER, AMY
STREET ADDRESS	SO SEACREST BLVD., APT D	5.3 STREET ADDRESS	2025 SO SEACREST BLVD, APT C
CITY-ST-ZIP	BOYNTON BEACH FL 33435	5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Wanda Akins* **SIGNATURE REQUIRED WANDA AKINS, SEC'Y** DATE: **3/19/99** DAYTIME PHONE: **561-737-7784**

CR2E037 (1/1/98)