


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90008 002 ****61.25

DOCUMENT # N95000004450					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1478544	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRUNNER, LANCE 3770 MOSS POINTE CIR LAKE WORTH, FL 33467				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
Filing Fee is \$61.25 Due by May 1, 2004		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNNER, LANCE		NAME	Anna Lopez	
STREET ADDRESS	3770 MOSS POINTE CIRCLE		STREET ADDRESS	2035 S. Seacrest Blvd.#D	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTERSON, EDITH E		NAME	Ann Dwier	
STREET ADDRESS	2021 D.S. SEACREST BLVD.		STREET ADDRESS	2031 S. Seacrest Blvd.#C	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, AMY		NAME		
STREET ADDRESS	2025 S. SEACREST BLVD #C		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 fee empowered.					
SIGNATURE: <i>Amy Fisher</i>		AMY FISHER		3/10/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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