


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90133 016 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40030



03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1478544

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MASTERSON, EDITH E
2021 S SEACREST BLVD #D
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent
 Name
Amy Fisher
 Street Address (P.O. Box Number is Not Acceptable)
2025 S. Seacrest Blvd. #C
 City
Boynton Beach FL Zip Code
33435

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: *Amy Fisher* DATE: *4/2/2006*

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTERSON, EDITH E 2021 S SEACREST BLVD #D BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Raymond Urias 5375 3rd Road Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNGBLOOD, JOHN 1003 DULANEY LANE ANNAPOLIS, MD 21403 <input checked="" type="checkbox"/> Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John Rodeman 2023 S. Seacrest Blvd. #D Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, AMY 2025 S. SEACREST BLVD #C BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Amy Fisher 2025 S. Seacrest Blvd. #C Boynton Beach, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, ANNA 2035 S. SEACREST BLVD. #D BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jean Godfrey 2011 S. Seacrest Blvd. #A Boynton Beach, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWIER, ANN 2031 S. SEACREST BLVD. #C BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: *Amy Fisher* AMY FISHER DATE: *4/2/2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR