


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90031 042 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1478544 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FISHER, AMY 2025 S SEACREST BLVD C BOYNTON BEACH, FL 33435 | | | 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> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | URIAS, RAYMOND | | NAME | Urias, Raymond | |
| STREET ADDRESS | 5375 3RD RD | | STREET ADDRESS | 5375 3rd Rd. | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | | CITY-ST-ZIP | Lake Worth, FL 33467 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODEMAN, JOHN | | NAME | Rodeman, John | |
| STREET ADDRESS | 2023 S SEACREST BLVD D | | STREET ADDRESS | 2023 S Seacrest Blvd D | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | | CITY-ST-ZIP | Boynton Beach, FL 33435 | |
| TITLE | T | <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 | S | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GODFREY, JEAN | | NAME | Godfrey, Jean | |
| STREET ADDRESS | 2011 S SEACREST BLVD A | | STREET ADDRESS | 2011 S Seacrest Blvd A | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33435 | | CITY-ST-ZIP | Boynton Beach, FL 33435 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Katherine Haner | |
| STREET ADDRESS | | | STREET ADDRESS | 2017 S Seacrest Blvd. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Boynton Beach, FL 33435 | |
| 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 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: <i>Amy Fisher</i> AMY FISHER | | | Date: 3/28/2008 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |

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