

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 04, 2009  
Secretary of State

DOCUMENT# N95000004450

Entity Name: SQUIRE HILL CONDOMINIUM, INC.

**Current Principal Place of Business:**

2001 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2001 SOUTH SEACREST BLVD.  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 59-1478544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHER, AMY  
2025 S SEACREST BLVD C  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: URIAS, RAYMOND  
Address: 5375 3RD RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete  
Name: RODEMAN, JOHN  
Address: 2023 S SEACREST BLVD D  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete  
Name: FISHER, AMY  
Address: 2025 S SEACREST BLVD C  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: GODFREY, JEAN  
Address: 2011 S SEACREST BLVD A  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VPD ( ) Delete  
Name: HANER, KATHERINE  
Address: 2017 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY FISHER

T

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date