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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722118** (7)
1. Corporation Name
PALM SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 35 SE 7TH AVENUE STE 8 DELRAY BEACH FL 33483 US	Mailing Address 35 SE 7TH AVENUE DELRAY BEACH FL 33444
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3. Date Incorporated or Qualified

11/18/1971

4. FEI Number

59-1713319

Applied For

Not Applicable

2. Principal Place of Business

21 **35 SE 7th Ave**

Suite, Apt. #, etc.

22 **# 4**

City & State

23 **Delray Beach FL**

Zip

24 **33483**

Country

25 **USA**

2a. Mailing Address

26 **35 SE 7th Ave**

Suite, Apt. #, etc.

27 **# 4**

City & State

28 **Delray Beach FL**

Zip

29 **33483**

Country

30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GWYNN, WILLIAM E
161-B N.E. FIFTH AVENUE
DELRAY BEACH FL 33483**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **ASPLAND, MARGARET**

STREET ADDRESS **35 SW 7TH AVE**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VPD** ☒ DELETE

NAME **BLACK, STEVEN**

STREET ADDRESS **35 S.E. 7TH AVENUE**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **STD** ☐ DELETE

NAME **HELPARO, SUSAN**

STREET ADDRESS **35 S.E. 7TH AVENUE**

CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Mary Kane**

1.3 STREET ADDRESS **35 SE 7th Ave # 4**

1.4 CITY-ST-ZIP **Delray Beach 33483**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **Gayle Ryan # 6**

2.3 STREET ADDRESS **35 SE 7th Ave**

2.4 CITY-ST-ZIP **Delray Beach 33483**

3.1 TITLE **STD** ☐ Change ☐ Addition

3.2 NAME **Susan Helpard #3**

3.3 STREET ADDRESS **35 SE 7th Ave**

3.4 CITY-ST-ZIP **Delray Beach 33483**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

SIGNATURE REQUIRED

1/23/98

561-274-0886

CR2E037 (10/97)