

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 722118**

1. Entity Name

**PALM SQUARE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**35 S.E. 7TH AVE  
#4  
DELRAY BEACH FL 33483  
US**

Mailing Address

**35 S.E. 7TH AVE  
#4  
DELRAY BEACH FL 33483  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KANE, MARY	
STREET ADDRESS	35 S.E. 7TH AVE, #4	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BRESLAW, L.	
STREET ADDRESS	35 S.E. 7TH AVE., A-3	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDREWS, T	
STREET ADDRESS	35 S.E. 7TH AVENUE, A-8	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: *William E Gwynn***NOTARIAL SIGNATURE REQUIRED****FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90015 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1713319**

Applied For

Not Applicable

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

CR2E037 (9/01)