

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006586

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** SQUARE LAKE NORTH COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2523 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

2523 BURNS ROAD  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

2523 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

2523 BURNS ROAD  
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-5075335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIVOSTA, GUY M  
2523 BURNS ROAD  
PALM BEACH GARDENS, FL 33410 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: DPT ( ) Delete  
Name: DIVOSTA, GUY  
Address: 2523 BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVS ( ) Delete  
Name: STASKUNAS, RAY  
Address: 2523 BURNS ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete  
Name: BRANDT, PHILLIP  
Address: 4500 PGA BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**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:

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: GUY M. DIVOSTA

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date