#### I hereby 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 all other like empowered. 04/30/2016

## SIGNATURE: TOM ANDREWS

Electronic Signature of Signing Officer/Director Detail

2710 FLORIDA BLVD DELRAY BEACH. FL 33483

## **Current Mailing Address:**

2710 FLORIDA BLVD DELRAY BEACH. FL 33483 US

**Current Principal Place of Business:** 

## FEI Number: 59-1713319

### Name and Address of Current Registered Agent:

WEXEL, STEVEN 2710 FLORIDA BLVD DELRAY BEACH, FL 33483 US

#### 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:

**Officer/Director Detail :** 

Electronic Signature of Registered Agent

Title	PD	Title	SD
Name	LOPILATO, MARK	Name	SETA, NICK
Address	35 SE 7TH AVE, #2	Address	35 SE 7 AVE #1
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	DELRAY BEACH FL 33483
Title	TD		
Name	ANDREWS, TOM		
Address	35 S.E. 7TH AVENUE, A-8		
City-State-Zip:	DELRAY BEACH FL 33483		

Certificate of Status Desired: No

FILED Apr 30, 2016 Secretary of State CC4065221824

Date

Date

Т

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **DOCUMENT# 722118**

Entity Name: PALM SQUARE CONDOMINIUM ASSOCIATION, INC.