

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01901

Entity Name: SQUARE LAKE CENTRE OFFICE CONDOMINIUM ASSOCIATION, INC.

**FILED
Apr 10, 2017
Secretary of State
CC3193821635**

Current Principal Place of Business:

4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410

Current Mailing Address:

4227 NORTHLAKE BOULEVARD
PALM BCH GARDENS, FL 33410 US

FEI Number: 59-2457203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEA BREEZE CMS, INC
4227 NORTHLAKE BOULEVARD
PALM BCH GDNS, FL 33410 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name HOLDEN, PHILIP M.
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BCH GARDENS FL 33410

Title SD
Name JAMASON, BEVERLEY
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TD
Name FORD, MIKE
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BCH GARDENS FL 33410

Title PD
Name SINCLAIR, STEVE
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name HIBEL, BILL
Address 4227 NORTHLAKE BOULEVARD
City-State-Zip: PALM BEACH GARDENS FL 33410

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.

SIGNATURE: STEVE SINCLAIR

PRESIDENT

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date