

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01901

**FILED  
Apr 04, 2013  
Secretary of State  
CC3097883455**

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

**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**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date