FILE NOW: FILING FEE IS $61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **722118** (7)

1. Corporation Name

PALM SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
35 SE 7TH AVENUE STE 8 DELRAY BEACH FL 33483 US	35 SE 7TH AVENUE DELRAY BEACH FL 33444

3. Date Incorporated or Qualified: 11/18/1971

4. FEI Number: 59-1713319 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 35 SE 7th Ave	26 35 SE 7th Ave
Suite, Apt. #, etc. 22 # 4	Suite, Apt. #, etc. 27 # 4
City & State 23 Delray Beach FL	City & State 28 Delray Beach FL
Zip 24 33483 Country 25 USA	Zip 29 33483 Country 30 USA

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ASPLAND, MARGARET		1.2 NAME	Mary Kane	
STREET ADDRESS	35 SW 7TH AVE		1.3 STREET ADDRESS	35 SE 7th Ave #4	
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-ST-ZIP	Delray Beach 33483	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	BLACK, STEVEN		2.2 NAME	gayle Ryan #6	
STREET ADDRESS	35 S.E. 7TH AVENUE		2.3 STREET ADDRESS	35 SE 7th Ave	
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP	Delray Beach 33483	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☐ Change ☐ Addition
NAME	HELPARO, SUSAN		3.2 NAME	Susan Helpard #3	
STREET ADDRESS	35 S.E. 7TH AVENUE		3.3 STREET ADDRESS	35 SE 7th Ave	
CITY-ST-ZIP	DELRAY BEACH FL 33483		3.4 CITY-ST-ZIP	Delray Beach 33483	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 1/23/98 561-274-0886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #