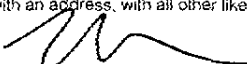


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 722118			
1. Entity Name PALM SQUARE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 35 S.E. 7TH AVE #4 DELRAY BEACH, FL 33483 US	Mailing Address 35 S.E. 7TH AVE #4 DELRAY BEACH, FL 33483 US		
DO NOT WRITE IN THIS SPACE			
		03092004 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1713319	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GWYNN, WILLIAM E 161-B N.E. FIFTH AVENUE DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
		000000122886 04/21/04-80048-025 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KANE, MARY 35 S.E. 7TH AVE, #4 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRESLAW, L. 35 S.E. 7TH AVE., A-3 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ANDREWS, T 35 S.E. 7TH AVENUE, A-8 DELRAY BEACH, FL 33483		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3-31-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	