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	Mailing Address
35 S.E. 7TH AVE #4 DELRAY BEACH, FL 33483 US	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

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000122886
04/21/04-80048-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KANE, MARY
STREET ADDRESS	35 S..E 7TH AVE, #4
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	SD
NAME	BRESLAW, L.
STREET ADDRESS	35 S.E. 7TH AVE., A-3
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	TD
NAME	ANDREWS, T
STREET ADDRESS	35 S.E. 7TH AVENUE, A-8
CITY-ST-ZIP	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	

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12. 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 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 — Daytime Phone #