2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90273 038 ****61.25

DOCUMENT # 726463 1. Entity Name THE SQUIRE'S CONDOMINIUM BUILDING ASSOCIATION, INC.						04-29-2005 90273 038 ****61.25					
Principal Place of Business 721 US HWY 1 217 NORTH PALM BEACH, FL 33408 Mailing Address 400 TONEY PENNA DRIVE JUPITER, FL 33458					14010463						
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01052005	Chg-NP		(10/03)		
City & State		City	City & State			4. FEI Numbe	<u> </u>	OTILL	Ar	oplied For	
Zip Country		Zip	Zip (59-1546 y 5. Certificate of		of Status Desired		\$8.75 Add		
	6. Name and Address of Current	t Registere	d Agent	I.		7 Name and	Address of New I		Fee Require	d	
		· riegioioie	2 Agont	Name		7. Name and	Addices of New I	Togratere	u Agent		
DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458				Street	Street Address (P.O. Box Number is Not Acceptable)						
JOPTIEN,	TE 33436			Cit.					1 7 - 0 - 4		
				City				F	L Zip Cod	8	
	e named entity submits this statement fations of registered agent.						II, III the State of F	DATI		and accept	
	Signature, typed or printed name of registered agen	it and ittle il appi	icable. (NOTE: F	legistered Agent sign	riure required	when reinstating)		DAII	E		
	Filling Fee Is \$61.25 Due by May 1, 2005	t and title ii appi	9. Election Camp Trust Fund Co	aign Financing	Lture required	\$5.00 May Be Added to Fees	• 1	Make che	eck payable to		
10.	Filing Fee Is \$61.25 Due by May 1, 2005 OFFICERS AND DI		9. Election Camp	aign Financing		\$5.00 May Be Added to Fees	• 1	Make che rida Dep	eck payable t artment of S	tate	
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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 true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANFRED G. DANNER

4/18/05

561-747-55055

Daytime Phone #