


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90013 018 \*\*\*\*61.25

<b>DOCUMENT # 726463</b> 1. Entity Name <b>THE SQUIRE'S CONDOMINIUM BUILDING ASSOCIATION, INC.</b>					
Principal Place of Business <b>721 US HWY 1 217 NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>400 TONEY PENNA DRIVE JUPITER, FL 33458</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1546819</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458</b>				Name <b>GAY MACKLIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 US HWY 1 Ste 205</b> City <b>North Palm Beach</b> <b>FL</b> Zip Code <b>33408</b>	
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 <b>GAY MACKLIN</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6/21/06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WANTLAND, BERT 721 US HWY 1 STE 215-216 NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Macklin, Gay 721 US HWY 1, suite 205 North Palm Beach, FL 33408</b>
					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CLARK, RICHARD 721 US HWY 1 STE 112-113 NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Wantland, Bert 721 US HWY 1, STE 215-216 North Palm Beach, FL 33408</b>
					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MACKLIN, GAY 721 US HWY 1, SUITE 205 NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Clark, Richard 721 US HWY 1 STE 112-113 North Palm Beach, FL 33408</b>
					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
					<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>GAY MACKLIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>6/21/06</b> <small>Daytime Phone #</small>	