

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Corporation Matters
Secretary of State
1901 Florida Capitol Building
Tallahassee, Florida 32399

APPROVED
AND
FILED

53 MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765076** (5)
PARK SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **PARK SQUARE CONDO ASSN
P O BOX 1875
STUART FL 34995**

Home Address: **2363 SE OCEAN BLVD
P O BOX 3385
STUART FL 34995
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1982	3a. Date of Last Report 05/01/1994
4. FID Number 65-0029876	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business PARK SQUARE CONDO ASSOC C/O CONCEPT MGMT. SERVICE 7136 SE OSPREY STREET HOBE SOUND, FL 33455 U.S.A.	26. Mailing Address PARK SQUARE CONDO ASSOC C/O CONCEPT MGMT. SERVICE 7136 SE OSPREY STREET HOBE SOUND, FL 33455 U.S.A.
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9. Name and Address of Current Registered Agent GRAZI, LEIF 217 E OCEAN BLVD STUART FL 34994	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
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11. Pursuant to the provisions of Sections 607.0903 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADMINISTRATORS, TO OFFICERS, AND DIRECTORS (IF 12)	
12-1 NAME STREET ADDRESS CITY, ST, ZIP	PD KENNETH CLARK, 1841 PALM CITY ROAD-APT. 0301 STUART FL 34994	13-1 TITLE 13-2 NAME 13-3 STREET ADDRESS 13-4 CITY, ST, ZIP	P/D CRUCE, LINDA 1831 PALM CITY ROAD #C402 STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-2 NAME STREET ADDRESS CITY, ST, ZIP	1VPD SHEILA SILVERMAN, 1851 PALM CITY ROAD-APT. E202 STUART FL 34994	13-2 TITLE 13-3 NAME 13-4 STREET ADDRESS 13-5 CITY, ST, ZIP	V/D ARENA, CHARLES 1851 PALM CITY ROAD, #E301 STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-3 NAME STREET ADDRESS CITY, ST, ZIP	2VPD S.JOHN GAROFALO, 1871 PALM CITY ROAD-APT. G402 STUART FL 34994	13-3 TITLE 13-4 NAME 13-5 STREET ADDRESS 13-6 CITY, ST, ZIP	T/D DOBENS, ROBERT 1851 PALM CITY ROAD, #E101 STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-4 NAME STREET ADDRESS CITY, ST, ZIP	T SYLVIA PATTEE, 1881 PALM CITY ROAD-APT. H401 STUART FL 34994	13-4 TITLE 13-5 NAME 13-6 STREET ADDRESS 13-7 CITY, ST, ZIP	S/D BALL, MARY 1881 PALM CITY ROAD, #H501 STUART, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12-5 NAME STREET ADDRESS CITY, ST, ZIP	S DANIEL SHEFFIELD, 1861 PALM CITY ROAD-APT. F501 STUART FL 34994	13-5 TITLE 13-6 NAME 13-7 STREET ADDRESS 13-8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-6 NAME STREET ADDRESS CITY, ST, ZIP		13-6 TITLE 13-7 NAME 13-8 STREET ADDRESS 13-9 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.027, Florida Statutes. I further certify that the information made filed 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 appointed to exercise the report as required by Chapter 117, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: *X Charles Arena* 4-27-95 (107)286-4932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR