

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address  
**PARK SQUARE CONDO ASSOC**  
**7136 SE OSPREY STREET**  
**HOBE SOUND FL 33455**  
**US**

3. Date Incorporated or Qualified **11/15/1982** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0029876** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country  
25 Country 30 Country

## 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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENNETH CLARK,	
STREET ADDRESS	1841 PALM CITY ROAD-APT. 0301	
CITY-ST-ZIP	STUART FL 34994	
TITLE	1VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHEILA SILVERMAN,	
STREET ADDRESS	1851 PALM CITY ROAD-APT. E202	
CITY-ST-ZIP	STUART FL 34994	
TITLE	2VPD	<input checked="" type="checkbox"/> DELETE
NAME	S. JOHN GAROFALO,	
STREET ADDRESS	1871 PALM CITY ROAD-APT. G402	
CITY-ST-ZIP	STUART FL 34994	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SYLVIA PATTEE,	
STREET ADDRESS	1881 PALM CITY ROAD-APT. H401	
CITY-ST-ZIP	STUART FL 34994	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL SHEFFIELD,	
STREET ADDRESS	1861 PALM CITY ROAD-APT. F501	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUCE, LINDA	
STREET ADDRESS	1831 PALM CITY ROAD #C402	
CITY-ST-ZIP	STUART FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARK, KENNETH	
1.3 STREET ADDRESS	1841 PALM CITY RD #D301	
1.4 CITY-ST-ZIP	STUART, FL 34994	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOBENS, ROBERT	
3.3 STREET ADDRESS	1851 PALM CITY RD. #E101	
3.4 CITY-ST-ZIP	STUART, FL 34994	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLOUSE, WILLIAM	
4.3 STREET ADDRESS	1861 PALM CITY RD. #F302	
4.4 CITY-ST-ZIP	STUART, FL 34994	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COLLINS, DONALD	
5.3 STREET ADDRESS	1881 PALM CITY RD. #H301	
5.4 CITY-ST-ZIP	STUART, FL 34994	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CRUCE, LINDA	
6.3 STREET ADDRESS	1831 PALM CITY RD #C402	
6.4 CITY-ST-ZIP	STUART, FL 34994	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 (107) 223-0693  
Date Daytime Phone #

CR2E037 (12/95)