

**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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0029876</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
Zip	Country		
29	30		

**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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH CLARK,	1.2 NAME	CLARK, KENNETH
STREET ADDRESS	1841 PALM CITY ROAD-APT. 0301	1.3 STREET ADDRESS	1841 PALM CITY RD #D301
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	1VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEILA SILVERMAN,	2.2 NAME	
STREET ADDRESS	1851 PALM CITY ROAD-APT. E202	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	2VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. JOHN GAROFALO,	3.2 NAME	DOBENS, ROBERT
STREET ADDRESS	1871 PALM CITY ROAD-APT. G402	3.3 STREET ADDRESS	1851 PALM CITY RD. #E101
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA PATTEE,	4.2 NAME	CLOUSE, WILLIAM
STREET ADDRESS	1881 PALM CITY ROAD-APT. H401	4.3 STREET ADDRESS	1861 PALM CITY RD. #F302
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL SHEFFIELD,	5.2 NAME	COLLINS, DONALD
STREET ADDRESS	1861 PALM CITY ROAD-APT. F501	5.3 STREET ADDRESS	1881 PALM CITY RD. #H301
CITY-ST-ZIP	STUART FL 34994	5.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUCE, LINDA	6.2 NAME	CRUCE, LINDA
STREET ADDRESS	1831 PALM CITY ROAD #C402	6.3 STREET ADDRESS	1831 PALM CITY RD #C402
CITY-ST-ZIP	STUART FL	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* DATE: *11-1-96* DAYTIME PHONE: *(107) 223-0693*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)