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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765076 (5)
 1. Corporation Name
PARK SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business PARK SQUARE CONDO ASSOC 7136 SE OSPREY STREET HOBE SOUND FL 33455 US	Mailing Address PARK SQUARE CONDO ASSOC 7136 SE OSPREY STREET HOBE SOUND FL 33455-6159 US
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3. Date Incorporated or Qualified 11/15/1982	3a. Date of Last Report 04/09/1996
4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country
24	29
25	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 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KENNETH CLARK,	
STREET ADDRESS	1841 PALM CITY ROAD-APT. 0301	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOBENS, ROBERT	
STREET ADDRESS	1851 PALM CITY ROAD #E101	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLOUSE, WILLIAM	
STREET ADDRESS	1851 PALM CITY ROAD #F302	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, DONALD	
STREET ADDRESS	1881 PALM CITY ROAD #H301	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRUCE, LINDA	
STREET ADDRESS	1831 PALM CITY ROAD #C402	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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* 1-18-97 (561) 546-4924

CR2E037 (9/96)