


FILE NOW: FILING FEE IS \$61.25

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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 11/15/1982	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7601 SW LOST RIVER ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 3385 Suite, Apt. #, etc.
22 City & State 23 STUART FL	27 City & State 28 STUART FL
24 Zip 34997	25 Country USA
29 Zip 34995	30 Country USA

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 PRESTIGE PROPERTY MANAGEMENT	
82 Street Address (P.O. Box Number is Not Acceptable) 7601 SW LOST RIVER ROAD	
83	
84 City STUART	85 Zip Code FL 34997

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KENNETH CLARK, 1841 PALM CITY ROAD-APT. 0301 STUART FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOBENS, ROBERT 1851 PALM CITY ROAD #E101 STUART FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUSE, WILLIAM 1851 PALM CITY ROAD #F302 STUART FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DONALD 1881 PALM CITY ROAD #H301 STUART FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUCE, LINDA 1831 PALM CITY ROAD #C402 STUART FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D CHARLES HIBBS 1811 SW PALM CITY ROAD #A-401 STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/D NICOLE PRATT 1871 SW PALM CITY ROAD #G-301 STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D BEVERLY FANEUFF 1841 PALM CITY ROAD D-302 STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D SHEILA SILVERMAN 1851 PALM CITY ROAD E-202 STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D CHARLES ARENA 1851 PALM CITY ROAD E-301 STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* 4/9/98 287-8040

CR2E037 (10/97)