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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765076

1. Corporation Name

PARK SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7601 SW LOST RIVER RD  
STUART FL 34997  
US

Mailing Address

P.O. BOX 3305  
STUART FL 34995  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/15/1982

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

9. Name and Address of Current Registered Agent

PRESTIGE PROPERTY MANAGEMENT  
7601 SW LOST RIVER RD  
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name ULTRACLEAN PROPERTY MGMT.  
82 Street Address (P.O. Box Number is Not Acceptable)  
10 CENTRAL PARKWAY  
83 SUITE 150  
84 City STUART FL 85 Zip Code 34994

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

(NOTE: Registered Agent signature required when reinstating)

3-26-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HIBBS, CHARLES  
STREET ADDRESS 1811 SW PALM CITY RD, #A-401  
CITY-ST-ZIP STUART FL 34994 ☒ DELETE

TITLE VPD  
NAME PRATT, NICOLE  
STREET ADDRESS 1871 SW PALM CITY RD, #G-301  
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE SD  
NAME FANEUFF, BEVERLY  
STREET ADDRESS 1841 PALM CITY RD, #D-302  
CITY-ST-ZIP STUART FL 34997 ☐ DELETE

TITLE TD  
NAME SILVERMAN, SHELIA  
STREET ADDRESS 1851 PALM CITY RD, #E-202  
CITY-ST-ZIP STUART FL ☐ DELETE

TITLE D  
NAME ARENA, CHARLES  
STREET ADDRESS 1851 PALM CITY RD, E-301  
CITY-ST-ZIP STUART FL 34994 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DOBENS, Robert ☐ Change ☐ Addition  
1.2 NAME 1851 S/W Palm City Rd E-101  
1.3 STREET ADDRESS STUART, FL 34994  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Hibbs, Christine  
2.3 STREET ADDRESS 5023 1/2 Orchid Bay Dr.  
2.4 CITY-ST-ZIP PALM CITY, FL 34990

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME Same  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME Same  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Pratt, Nicole  
5.3 STREET ADDRESS 1871 S/W Palm City Rd G-301  
5.4 CITY-ST-ZIP STUART, FL 34994

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 565-4476  
Date Daytime Phone #

CR2E037 (11/98)