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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

Mailing Address

7601 SW LOST RIVER RD
 STUART FL 34997
 US

P.O. BOX 2885
 STUART FL 34995
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/15/1982
 4. FEI Number
 65-0029876

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRESTIGE PROPERTY MANAGEMENT
 7601 SW LOST RIVER RD
 STUART FL 34997

81 Name **ULTRA CLEAN 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 *Robert D. Bensen*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-26-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
 1.2 NAME **Dobens Robert**
 1.3 STREET ADDRESS **1851 s/w Palm City Rd E-101**
 1.4 CITY-ST-ZIP **STUART, FL 34994**

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

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**

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

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

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

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

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

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**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Robert D. Bensen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/25/99**
 DAYTIME PHONE # **561-220-4476**

CR2E037 (11/98)