

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 05, 2005
Secretary of State**

DOCUMENT# 765076

Entity Name: PARK SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:PO BOX 2814
STUART, FL 34995 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 2814
STUART, FL 34995 US**New Mailing Address:**

FEI Number: 65-0029876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BORGES, HELEN
ACTIVE REAL ESTATE MANAGEMENT ASSOCIATES
969 S. FEDERAL HWY., STE. 401
STUART, FL 34994 US**Name and Address of New Registered Agent:**SIGNATURE PROPERTY MANAGEMENT
969 S. FEDERAL HWY.
STE. 401
STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LENARD GOLDBAUM

05/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FANEUFF, BEVERLY
Address: 1841 PALM CITY RD. D302
City-St-Zip: STUART, FL 34994Title: TD () Delete
Name: SILVERMAN, SHELIA
Address: 1851 PALM CITY RD, #E-202
City-St-Zip: STUART, FLTitle: VP () Delete
Name: DOBENS, ROBERT
Address: 1851 PALM CITY RD # 101
City-St-Zip: STUART, FL 34994Title: D () Delete
Name: CUMMINGS, JONATHAN
Address: 1851 PALM CITY RD #E 301
City-St-Zip: STUART, FL 34994Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: KOZUCH, DIANE
Address: 1811 PALM CITY RD, #A-502
City-St-Zip: STUART, FLTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD () Change (X) Addition
Name: WEST, TARA
Address: 1851 PALM CITY RD #E 301
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENARD GOLDBAUM

MGR

05/05/2005

Electronic Signature of Signing Officer or Director

Date