


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90092 015 ****61.25

DOCUMENT # 765076					
1. Entity Name PARK SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PO BOX 2814 STUART, FL 34995 US			Mailing Address PO BOX 2814 STUART, FL 34995 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIGNATURE PROPERTY MANAGEMENT 969 S. FEDERAL HWY. STE. 401 STUART, FL 34994				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANEUFF, BEVERLY		NAME	ROD ENGLAND	
STREET ADDRESS	1841 PALM CITY RD. D302		STREET ADDRESS	1881 PALM CITY RD H-101	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART, FL. 34994	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIBBS, CHRISTINE		NAME	SYLVEA PATTEE	
STREET ADDRESS	1811 SW PALM OFTY RD A-401		STREET ADDRESS	1881 PALM CITY RD H-401	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART FL. 34994	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBENS, ROBERT		NAME		
STREET ADDRESS	1851 PALM CITY RD # 101		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAGNULO, JOSEPHINE		NAME		
STREET ADDRESS	1831 PALM OFTY RD C-202		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOCKRIDGE, JOHN		NAME	SHEILA SILVERMAN	
STREET ADDRESS	1821 SW PALM CITY RD B-102		STREET ADDRESS	1851 PALM OFTY RD F-202	
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					