2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # 765076 1. Entity Name PARK SQUARE CONDOMINIUM ASSOCIATION, INC.				04-14-2008 90040 035 ****61.25		
PO BOX 2814		Mailing Address PO BOX 2814 STUART, FL 34995 US		40067590		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number Applied F 65-0029876 Not Applie	-	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	-	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
SIGNATURE PROPERTY MANAGEMENT 969 S. FEDERAL HWY. STE. 401			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
STUART, F	FL 34994					
		City	FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its reg	gistered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and ac	ccept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature req	pured when reinstating) DATE	_	
ì		,	g	ondo whentersialing)		
<u> </u>	Filing Fee is \$61.25		algn Financing	\$5.00 May Be Added to Fees Florida Department of State		
10	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Con	algn Financing tribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DE	9. Election Campa Trust Fund Con	aign Financing outribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Liddilion	
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12. Thereby 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 expowered 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:

NATURE AND TYPE OR PRINTED NAME OF SOMING OFFICER OR DIRECTOR

4/8/08

772-

Daytime 20- 4474