

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765076

FILED
Mar 23, 2009
Secretary of State

Entity Name: PARK SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2814
STUART, FL 34995 US

New Principal Place of Business:

1811 PALM CITY ROAD
STUART, FL 34994 US

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:

SIGNATURE PROPERTY MANAGEMENT
969 S. FEDERAL HWY.
STE. 401
STUART, FL 34994 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ENGLAND, ROD
Address: 1881 PALM CITY RD H-101
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: PATTEE, SYLVIA
Address: 1881 PALM CITY RD H401
City-St-Zip: STUART, FL 34994

Title: PD () Delete
Name: DOBENS, ROBERT
Address: 1851 PALM CITY RD # 101
City-St-Zip: STUART, FL 34994

Title: SD () Delete
Name: VAGNULO, JOSEPHINE
Address: 1831 PALM OFTY RD C-202
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: L'HEUREUX, ROLAND
Address: 1881 PALM CITY ROAD, #H302
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DOBENS, ROBERT
Address: 1851 PALM CITY RD # E 101
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

AGEN

03/23/2009

Electronic Signature of Signing Officer or Director

Date