

# 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