## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N03000001012

1. Entity Name
TEN SQUARE FARMS PROPERTY OWNERS'



FILED Apr 05, 2007 8:00 am Secretary of State

04-05-2007 90145 038 \*\*\*\*61.25

ASSOCIATION, INC.									
1060 BEAUMARIS WAY 1060 B			g Address D BEAUMARIS WAY D BEACH, FL 32963		·				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			i iliki birih reih zeni zeni zenik biri bi iliki bi				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Cr	ng-NP CR2E037 (	(12/06)			
City & State		City & State	City & State		4. FEI Number 57-116886	5	_ <del> </del>	olied For Applicable	
Zip	Country	Zip	Co	untry	5. Certificate of St	atus Decired	.75 Addit	tional	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered Age	<u>.</u>		
CROTHER	RS, ANNA M			Name					
1060 BEA	UMARIS WAY H, FL 32963			Street Address (I	P.O. Box Number is N	Not Acceptable)			
	.,,,,								
				City		FL	Zip Code		
8. The above	e named entity submits this statement for tions of registered agent.	or the purpose of cha	anging its register	red office or register	ed agent, or both, in	the State of Florida. I am fami	iliar with, a	and accept	
u lo olongei	ions or registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent aignature required when reinstating)  OATE									
	Filing Fee is \$61.25 Due by May 1, 2007	1	etion Campaign I st Fund Contribu		\$5.00 May Be Added to Fees	Make check pa Florida Departme	-	•	
10.	Due by May 1, 2007 OFFICERS AND DI	Tru		tion.	Added to Fees	•	ent of Sta	ite	
TITLE	OFFICERS AND DI	Tru	sst Fund Contribut	tion.	Added to Fees	Florida Departme	ent of Sta	ite	
	OFFICERS AND DI P REPLOGLE, CHARLES 1080 BEAUMARIS WAY	RECTORS  Do. Box 330 1	11. elete IIII. NAA	tion.	Added to Fees	Florida Departme	TORS IN	ate 10	
TITLE NAME	P REPLOGLE, CHARLES 1060 BEAUMARIS WAY VERO BEACH, FL 32963	RECTORS  Do Box 3301  NO Box Ach	st Fund Contribut  11. elete ITTL NAA STR	tion.	Added to Fees	Florida Departme	TORS IN	ate 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P REPLOGLE, CHARLES 1060 BEAUMARIS WAY VERO BEACH, FL 32963 VP	RECTORS  Do Box 3301  NO Box Ach	ist Fund Contribu	E AEET ADDRESS /-ST-ZIP	Added to Fees	Florida Departme	TORS IN	ate 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PREPLOGLE, CHARLES 1060 BEAUMARIS WAY VERO BEACH, FL 32963 VP SWANSON, KARE J 1048 E. POLO GROUNDS DRIV VERO BEACH, FL 32966	RECTORS  D. Box 330 1	sst Fund Contribu	E AE EET ADDRESS /-ST-ZIP E AE	Added to Fees	Florida Departme	CTORS IN Change	10 Addition	
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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.

changed, or on an attachment with an address, with all other like empowered.	•	
SIGNATURE: ANNA CROTHILS Secretary	4-10-07.	712 - 492 - 5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #