

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010016

FILED
Mar 11, 2009
Secretary of State

Entity Name: SQUARE LAKE SOUTH COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CAPITAL REALTY ADVISORS
STE 109
PALM BEACH GARDENS, FL 33403

New Principal Place of Business:

Current Mailing Address:

600 SANDTREE DR.
STE 109
PALM BEACH GARDENS, FL 33403

New Mailing Address:

FEI Number: 20-0622923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, DONNA
600 SANDTREE DR., STE 109
PALM BEACH GARDENS, FL 33403 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: PD () Delete
Name: EDGAR, CHARLES W III
Address: 8409 N MILITARY TRAIL, SUITE 123
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD () Delete
Name: DELLAPINA, STEPHEN W
Address: 8409 N MILITARY TRAIL, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST () Delete
Name: CAMPBELL, BRIAN
Address: 8409 N. MILITARY TR., STE 113
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: HARROW, CLAY
Address: 8409 N. MILITARY TR., STE 105
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: TRACEY, JOHN E
Address: 8409 N MILITARY TRAIL, SUITE 109
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES W. EDGAR, III

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date