2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N05000001153

Entity Name: SQUIER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4629 EL MAR DRIVE
LAUDERDALE BY THE SEA, FL 33308

New Principal Place of Business:

Current Mailing Address:

C/O BARRY ALLWEISS
1032 NW 133 AVENUE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 33-1110743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLWEISS, BARRY
1032 NW 133 AVE
SUNRISE, FL 33323 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:	TSD	( ) Delete
Name:	ALLWEISS, BARRY	
Address:	1032 NW 133 AVE	
City-St-Zip:	SUNRISE, FL 33323	
Title:	D	( ) Delete
Name:	RANDALL, LOREN	
Address:	3205 BARTON RD	
City-St-Zip:	POMPANO BEACH, FL 33062	
Title:	PD	( ) Delete
Name:	WREN, JOHN	
Address:	4629 EL MAR DRIVE, #10	
City-St-Zip:	LAUDERDALE BY THE SEA, FL 33308	
Title:	D	( ) Delete
Name:	MASSA, MARCIA	
Address:	4629 EL MAR DRIVE, #5	
City-St-Zip:	LAUDERDALE BY THE SEA, FL 33308	
Title:	D	( ) Delete
Name:	IRICH, MARY	
Address:	4629 EL MAR DRIVE, #6	
City-St-Zip:	LAUDERDALE BY THE SEA, FL 33323	

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: BARRY ALLWEISS TSD 08/29/2008
Electronic Signature of Signing Officer or Director — Date