

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001153

FILED  
Jan 08, 2012  
Secretary of State

**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 ( )**

**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  
Name: ALLWEISS, BARRY  
Address: 1032 NW 133 AVE  
City-St-Zip: SUNRISE, FL 33323

Title: D  
Name: CASAMASSA, MARCIA  
Address: 4629 EL MAR DRIVE, #5  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: PD  
Name: GREEN, MARC  
Address: 4629 EL MAR DRIVE, #4  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D  
Name: MICHAELS, BETTY  
Address: 4629 EL MAR DRIVE, #1  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D  
Name: WREN, JOHN  
Address: 4629 EL MAR DRIVE, #10  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: BARRY ALLWEISS

TSD

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date