## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N06000005027**



**FILED** 

Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90062 028 \*\*\*\*61.25

	SQUARE II PHASE TWO F ATION, INC.	PROPERT	Y OWNERS	18						
Principal Place of Business 4010 CANYON LAKE PT. LAKELAND, FL 33803  Mailing Address 4010 CANYON LAKE PT. LAKELAND, FL 33803						40	N41191			
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			02282007 <sub>C</sub>	hg-NP	CR2E037	(12/06)	
City & State		City	City & State			4. FEI Number Applied For 20 4860542 Not Applicable				
Žip	Country	Zip	-	Country	,	5. Certificate of S			8.75 Add	litional
	6. Name and Address of Curren	t Registered	Agent			7. Name and Add	ress of New Reg			
OLUMNI IA	MES D			N	ame		-			
QUINN, JAMES P 4010 CANYON LAKE PT. LAKELAND, FL 33803				Si	Ireet Address	(P.O. Box Number is	Not Acceptable)			
				C	ity		<del></del> _	FL	Zip Code	<del></del>
8. The above	named entity submits this statement t	for the purpos	e of changing its re	o beretaine	ttice or registe	red agent or both in	the State of Flori		miliar with	and accept
the obligat	tions of registered agent.			9,0,0,0			0.0.0 077 1011	au. Tuma	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and accopt
SIGNATURE .	Signature, typed or printed name of registered ager	int and title if applic	able. {NOTE: F	Registered Age	entige require	d when reinstating)		DATE		
			O Floation Comm			<del></del>				
	filing Fee is \$61.25 Due by May 1, 2007		9. Election Camp Trust Fund Co	paign Finan		\$5.00 May Be Added to Fees		ke check (		
10.	Due by May 1, 2007 OFFICERS AND D	DIRECTORS	Trust Fund Co	paign Finan ontribution.	ncing	\$5.00 May Be	Florid	ke check (	nent of St	ate
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TITLE	OFFICERS AND D	DIRECTORS	Trust Fund Co	paign Finan ontribution.	DORESS	\$5.00 May Be Added to Fees	Florid	ke check la Departn S AND DIRE	CTORS IN	ate 10
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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.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR