2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2007 8:00 am Secretary of State 05-10-2007 90022 031 ****61.25

1. Entity Name	MENT # N07083 SQUARE HOMEOWNERS			0.	3-10-2007 9	0022 031	. 01.	23	
Principal Place of Business 42 CAPITOL COURT 42 CAPITOL CT DEERFIELD BEACH, FL 33442 US		Mailing Address 42 CAPITOL COURT DEERFIELD BCH, FL 33442			<u> </u>	10020	1 PIPIL BIBIL BIB	n Rism Gladi sid	M 4 4 14 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-25010	46			oplied For ot Applicable
Zip	Country	Zip	Country		S. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New R	Registered A	gent	
DEVORIN	EDIAGNI		Name	TA	MES C	ALARC	2		
DEVORIN, 4 CAPITOL			Street /						
	D BEACH, FL 33442			16	2 AP 170 Z	- LAUI	27		
	, re		City					7-0-6	
	_ **		EZRI	FIELD B	TACIA	FL	Zip Cod	442	
	named entity subtraits this statement for ions of registered agent.		registered office (er registere	ed agent, or both, i	in the State of Fk		amiliar with,	and accept
	Signature, broad & printed name of restigated spent a	od title if spolicable (NOT)	Registered Agent sign	ture required	when reinstation)		DATE		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	Registered Agent sign	dure required	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	 	npaign Financing		\$5.00 May Be Added to Fees	E .		payable t	
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	npaign Financing		\$5.00 May Be	Flor	rida Depar	iment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees	Floi GES TO OFFICE	rida Depart RS AND DIF	RECTORS IN	tate
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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.

SIGNATURE:	•
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR