2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State

					cretary of State	
1. Entity Nan	MENT # N11525 THE PROPERTY SQUARE ASSOCIATION, INC.				5-21-2008 90019 013 ****61.25	
8360 W OAK 301	KALAND PRK BLVD POB	ng Address 3452199 T LAUDERDALE, FL 33	3345-2199 US	4 NEO(1118) DES (1188)	50005 <u>6</u> .38	
2. Principal F 520/	Place of Business - No P.O. Box # 3. Ma NE 14 Terrau 52	iling Address	Terrace			
Suite, Apt.	+209 Un	uite, Apt. #, etc.			chg-NP CR2E037 (12/06)	
Fort	LAuderdale FL FOR	ity & State LAuden	dale FL	4. FEI Number 59-261254	Applied For Not Applicable	
333	334 Broward Zi	33334	Country DrowArD	5. Certificate of S	Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
LANZAN, LINDA 5201 NE 14 TERR 208			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
FURTER	JDERDALE, FL 33334			<u> </u>		
			City	City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
SIGNATURE		plicable. (NOTE: Reg	gistered Agent signature requ	ired when reinstating)	DATE	
SIGNATURE		9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	DATE Make check payable to Florida Department of State	
SIGNATURE	Signature, typed or printed name of registered agent and title if ap Filling Fee is \$61.25	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make check payable to	
	Signature, typed or printed name of registered agent and title if ap Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make check payable to Florida Department of State EES TO OFFICERS AND DIRECTORS IN 10 Change Addition TECRAL # 204	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTORS VD WELDON, ALEXANDER 5200 NE. 14TH WAY. #308	9. Election Campai Trust Fund Contr	ign Financing ribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG TTH BR	Make check payable to Florida Department of State BES TO OFFICERS AND DIRECTORS IN 10 Change A M	
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTORS VD WELDON, ALEXANDER 5200 NE. 14TH WAY. #308 FT LAUDERDALE, FL 33334 S KOENING, JENNIFER 5201 NE 14 TERRACE #1	9. Election Campain Trust Fund Control Delete	gn Financing ribution. 11. TITLE VENT OF THE PROPERTY OF TH	\$5.00 May Be Added to Fees ADDITIONS/CHANG TTH BR	Make check payable to Florida Department of State SES TO OFFICERS AND DIRECTORS IN 10 Change Addition	
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10. IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTORS VD WELDON, ALEXANDER 5200 NE. 14TH WAY. #308 FT LAUDERDALE, FL 33334 S KOENING, JENNIFER 5201 NE 14 TERRACE #1 FORT LAUDERDALE, FL 33334 TD D'AGNESE, MAUREEN 5200 NE 14TH WAY #403 FT. LAUDERDALE, FL P LANZANA, LINDA 5201 NE 14TH TERRACE #208	9. Election Campain Trust Fund Control Delete Delete Delete Delete	gn Financing ribution. 11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME LOOP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE FITH BR FOR LAUGH AS CAES, FILAUGH REMOOY, TO LAUGH LOUNG LOUNG	Make check payable to Florida Department of States SES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Addition STEPHEN Change Addition Y TESTALL #8 ENAUL FL 33334 Change Addition TOTAL #208 Change Addition A TESTALL #208 A TESTALL #208 A TESTALL #208 A Change Addition TOTAL ADDITION Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURÉ

STREET ADDRESS

CITY-ST-ZIP

NATURE AND COPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INDA LANZIANA

954-805-0844

Daytime Phone #