

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14419

FILED
Apr 27, 2005
Secretary of State

Entity Name: SQUARE LAKE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8195 NORTH MILITARY TRAIL
LAKE PARK, FL 33410

New Principal Place of Business:

Current Mailing Address:

8195 N. MILITARY TRAIL
STE. C
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 59-2730252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIRMEISTER, ROSE M
8195 N MILITARY TRAIL
STE C
PALM BEACH GARDENS, FL 33410 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: PD () Delete
Name: SCHRAMM, ROBERT
Address: 8195 N MILITARY TRAIL
City-St-Zip: LAKE PARK, FL 33410

Title: VD () Delete
Name: BUSTANI, LEO
Address: 8195 NORTH MILITARY TRAIL
City-St-Zip: LAKE PARK, FL 33410

Title: TDSD () Delete
Name: GUADAGNO, IRIS
Address: 8195 NORTH MILITARY TRAIL
City-St-Zip: LAKE PARK, FL 33410

Title: SD () Delete
Name: SCHIRMEISTER, ROSE
Address: 8195 NORTH MILITARY TRAIL
City-St-Zip: LAKE PARK, FL 33410

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSE SCHIRMEISTER

SD

04/27/2005

Electronic Signature of Signing Officer or Director

Date