

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14419

FILED  
Apr 27, 2009  
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:**

8195 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410

**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:**

GUADAGNO, SID  
8195 N MILITARY TRAIL  
STE D  
PALM BEACH GARDENS, FL 33410 US

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: SUD GUADAGNO

04/27/2009

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

Title: SD ( ) Delete  
Name: SALDANA, JR, DANIEL  
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SID GUADAGNO

TDSD

04/27/2009

Electronic Signature of Signing Officer or Director

Date