

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

INCORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
CORPORATION DIVISION

FILED  
OFFICE OF THE CLERK OF THE  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

95 MAY - 1 AM 11:35

DOCUMENT # **N93000000874 (8)**

**PARK SQUARE CONDO ASSOCIATION, INC.**

Previous Office of Origin: 1521 ALTON RD #303 MIAMI BEACH FL 33139  
Mailing Address: 1521-ALTON RD 4809 SW 75 AVE #303 MIAMI BEACH FL 33139 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>03/17/1993</b>	3a. Date of Last Report <b>07/05/1994</b>
4. FID Number <b>65-0383440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Excess Corporate Earnings Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for ad valorem tax under 215.12(1)(2), Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>1125 MERIDIAN AVE</b>	26. Mailing Address <b>1125 MERIDIAN AVE</b>
22. State, Apt #, etc. <b>#9</b>	27. State, Apt #, etc. <b>#9</b>
23. City & State <b>MIAMI BEACH FL</b>	28. City & State <b>MIAMI BEACH FL</b>
24. ZIP <b>33139</b>	25. COUNTRY <b>USA</b>
29. ZIP <b>33139</b>	30. COUNTRY <b>USA</b>

9. Name and Address of Current Registered Agent  
**PARKER, PETER S  
1521 ALTON RD.  
#303  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.02(1), 607.1308, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.02(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Peter S. Parker)  
OFFICE OF THE CLERK OF THE STATE OF FLORIDA, DIVISION OF CORPORATIONS, TALLAHASSEE, FLORIDA

12. OFFICERS AND DIRECTORS

NAME	<b>DP PARKER, PETER S</b>
STREET ADDRESS	<b>BOX 303, 1521 ALTON RD. MIAMI BEACH FL 33139</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL 33139</b>
NAME	<b>DV PAYNE, NANCY</b>
STREET ADDRESS	<b>BOX 303, 1521 ALTON RD. MIAMI BEACH FL 33139</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL 33139</b>
NAME	<b>DST PAYNE, REBECCA</b>
STREET ADDRESS	<b>BOX 303, 1521 ALTON RD. MIAMI BEACH FL 33139</b>
CITY, ST, ZIP	<b>MIAMI BEACH FL 33139</b>

13. ALL OTHERS (OWNERS, PARTNERS, AGENTS, OFFICERS, ETC.)

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY, ST, ZIP		
4. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY, ST, ZIP		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY, ST, ZIP		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on the attachment with an affidavit.

SIGNATURE: \_\_\_\_\_  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR