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May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000874 (8)  
Corporation Name  
PARK SQUARE CONDO ASSOCIATION, INC.



Principal Place of Business Mailing Address

1125 MERIDIAN AVE STE 9 MIAMI BEACH FL 33139 US  
4869 SW 75TH AVE STE 9 MIAMI FL 33155 US

3. Date Incorporated or Qualified  
03/17/1993

4. FEI Number  
65-0383440

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 1125 MERIDIAN AV

22 City & State 27 Ste. # 9

23 Zip Country 28 MIAMI BEACH FL 33139

24 25 29 33139 30 USA.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 MOISE, Colette

82 Street Address (P.O. Box Number is Not Acceptable)  
1125 MERIDIAN AVE #2

83

84 City MIAMI BEACH FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* Colette MOISE (President) APRIL 17<sup>th</sup> 1998

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                  |  |
|----------------|------------------|--|
| TITLE          | DP               | <input checked="" type="checkbox"/> DELETE |
| NAME           | PARKER, PETER S  |  |
| STREET ADDRESS | 4869 SW 75TH AVE |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          | DV               | <input checked="" type="checkbox"/> DELETE |
| NAME           | PAYNE, NANCY     |  |
| STREET ADDRESS | 4869 SW 75TH AVE |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          | DST              | <input checked="" type="checkbox"/> DELETE |
| NAME           | PAYNE, REBECCA   |  |
| STREET ADDRESS | 4869 SW 75TH AVE |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |   |
|--------------------|----------------------|---|
| 1.1 TITLE          | (D) PRESIDENT        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | MOISE COLETTE        |   |
| 1.3 STREET ADDRESS | 1125 MERIDIAN AVE #2 |   |
| 1.4 CITY-ST-ZIP    | MIAMI BEACH FL 33139 |   |
| 2.1 TITLE          | (D) SECRETARY        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | LAFOY MONIQUE        |   |
| 2.3 STREET ADDRESS | 1125 MERIDIAN AVE #4 |   |
| 2.4 CITY-ST-ZIP    | MIAMI BEACH FL 33139 |   |
| 3.1 TITLE          | (D) VICE PRESIDENT   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | WINN OGDEN           |   |
| 3.3 STREET ADDRESS | 1115 MERIDIAN AVE #3 |   |
| 3.4 CITY-ST-ZIP    | MIAMI BEACH FL 33139 |   |
| 4.1 TITLE          | (D) TRESURER         | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | LOUISE MAGILL        |   |
| 4.3 STREET ADDRESS | 1125 MERIDIAN AVE #3 |   |
| 4.4 CITY-ST-ZIP    | MIAMI BEACH FL 33139 |   |
| 5.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME           |                      |   |
| 5.3 STREET ADDRESS |                      |   |
| 5.4 CITY-ST-ZIP    |                      |   |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME           |                      |   |
| 6.3 STREET ADDRESS |                      |   |
| 6.4 CITY-ST-ZIP    |                      |   |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Colette MOISE - President - APRIL 17<sup>th</sup> 1998

CR2E037 (10/97)