

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 050 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000000874** ✓

1. Corporation Name
PARK SQUARE CONDO ASSOCIATION, INC.

585474-90019-750

Principal Place of Business
 1125 MERIDIAN AVE
 STE 9
 MIAMI BEACH FL 33139
 US

Mailing Address
 1125 MERIDIAN AVE
 STE 9
 MIAMI BEACH FL 33139
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	03/17/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
2	27	65-0383440
City & State	City & State	Applied For
3	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
4	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLETTE MOISE 1125 MERIDIAN AVE STE 9 MIAMI BEACH FL 33139	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLETTE MOISE	1.2 NAME	
STREET ADDRESS	1125 MERIDIAN AVE #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONIQUE LAFOY	2.2 NAME	
STREET ADDRESS	1125 MERIDIAN AVE #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGDEN WINN	3.2 NAME	
STREET ADDRESS	1115 MERIDIAN AVE #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE MAGILL	4.2 NAME	
STREET ADDRESS	1115 MERIDIAN AVE #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *(Signature)* JULY 15 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)