

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90107 002 ****61.25

DOCUMENT # N93000000874

1. Entity Name

PARK SQUARE CONDO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1125 MERIDIAN AVE
 STE 9
 MIAMI BEACH FL 33139
 US

1125 MERIDIAN AVE
 STE 9
 MIAMI BEACH FL 33139-4525
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0383440

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLETTE MOISE
 1125 MERIDIAN AVE
 STE 9
 MIAMI BEACH FL 33139

Name **ROGER WALKER - DACK**
 Street Address (P.O. Box Number is Not Acceptable)
1117 MERIDIAN AV. # 6
 City **MIAMI BEACH** **FL** Zip Code **33139**

8. 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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	COLETTE MOISE	
STREET ADDRESS	1125 MERIDIAN AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MONIQUE LAFOY	
STREET ADDRESS	1125 MERIDIAN AVE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OGDEN WINN	
STREET ADDRESS	1115 MERIDIAN AVE #5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOUISE MAGILL	
STREET ADDRESS	1115 MERIDIAN AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER WALKER-DACK	
STREET ADDRESS	1117 MERIDIAN AV. # 6	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHE WILLIAMS	
STREET ADDRESS	1115 MERIDIAN AV. # 3	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)