

2000 UNIFORM BUSINESS REPORT (UBR)

092000

DOCUMENT # 1190000000874

1. Entity Name
PARK SQUARE CONDO ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT -4 PM 4:25

Principal Place of Business Mailing Address
**1125 MERIDIAN AV.
STE. 9
MIAMI BEACH, FL. 33139** **1125 MERIDIAN AV.
9
MIAMI BEACH, FL. 33139**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

AMENDED

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0383440 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**R COLETTE MOISE
1125 MERIDIAN AV.
STE. 9
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent
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 *[Signature]* DATE **09/17/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER WALKER-DACK	
STREET ADDRESS	1117 MERIDIAN AV. #5	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L. WINFIELD OGDEN	
STREET ADDRESS	1115 MERIDIAN AV. #4	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. WINFIELD OGDEN	
STREET ADDRESS	1115 MERIDIAN AV. #4	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUISE MAGILL	
STREET ADDRESS	1125 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		

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 like empowered.

SIGNATURE: *[Signature]* DATE: **09/17/00** DAYTIME PHONE #: **305-693-9691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

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*****61.25 *****61.25