

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90414 034 \*\*\*\*61.25

**DOCUMENT # N93000000874**



1. Entity Name  
**PARK SQUARE CONDO ASSOCIATION, INC.**

**94080184**

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

Mailing Address  
**628 6TH STREET, 2ND FLOOR  
 MIAMI BEACH, FL 33139 US**



2. Principal Place of Business  
**1125 Meridian Ave**

3. Mailing Address  
**309-23rd Street  
 #313**

04212004 Chg-NP CR2E037 (10/03)

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

Zip  
**33139**

Country  
**U.S.A.**

Zip  
**33139**

Country  
**U.S.A.**

4. FEI Number  
**65-0383440**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**REGATTA REAL ESTATE MANAGEMENT  
 628 6TH STREET, 2ND FLOOR  
 MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent  
 Name  
**Regatta Real Estate Mgmt Inc**

Street Address (P.O. Box Number is Not Acceptable)  
**309-23rd Street #313**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER-DACK, ROGER 1117 MERIDIAN AV #5 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT. MAGILL, LOUISE 1125 MERIDIAN AV. #3 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DP POSSCHALLE, ANNE 1127 MERIDIAN AVE, #5 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS McMahon Joe 1125 Meridian Ave, # 2 Miami Beach, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Anne Posschelle* **Anne Posschelle** **4/24/04** **3053813060**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #