


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90005 017 \*\*\*\*61.25

<b>DOCUMENT # N93000000874</b> 1. Entity Name <b>PARK SQUARE CONDO ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1125 MERIDIAN AVE</b> <b>MIAMI BEACH FL 33139</b> <b>US</b>	Mailing Address <b>1125 MERIDIAN AVE #2</b> <b>MIAMI BEACH FL 33155</b> <b>US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address <b>1125 Meridian Ave</b> <b>#9</b> Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>	4. FEI Number <b>65-0383440</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33139</b>	Country <b>Miami-Dade</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>COLLAZO, DIANA</b> <b>3437 NW 4TH STREET</b> <b>MIAMI FL 33125</b>	7. Name and Address of New Registered Agent Name <b>Joe McMahon</b> Street Address (P.O. Box Number is Not Acceptable) <b>1125 Meridian Ave, #2</b> City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>
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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: *Joseph E. McMahon* DATE: 3/1/07

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT POSSHELLE, ANNE 1127 MERIDIAN AVENUE - #5 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCMAHON, JOE 1125 MERIDIAN AVENUE - # 2 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COHEN, AUDRA 1117 MERIDIAN AVENUE - #7 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MOONEY, FRASER 1115 MERIDIAN AVENUE - #4 MIAMI BEACH, FL 33139	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 exemptions contained in Section 119, 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: *Diana Posschelle* DATE: 2/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-538-9200  
305-393-0420  
Daytime Phone #