

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000874

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: PARK SQUARE CONDO ASSOCIATION, INC.

**Current Principal Place of Business:**

1125 MERIDIAN AVE  
#9  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1125 MERIDIAN AVE  
#9  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 65-0383440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMAHON, JOE  
1125 MERIDIAN AVE #2  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

POSSCHELLE, ANNE  
1127 MERIDIAN AVE #5  
MIAMI BEACH, FL 33139 US

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: ANNE POSSCHELLE

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: KNIGHT, HEATHER  
Address: 1115 MERIDIAN AVENUE - #3  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DP ( ) Delete  
Name: MCMAHON, JOE  
Address: 1125 MERIDIAN AVENUE - # 2  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS ( ) Delete  
Name: COHEN, AUDRA  
Address: 1117 MERIDIAN AVENUE - #7  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVP ( ) Delete  
Name: MOONEY, FRASER  
Address: 1115 MERIDIAN AVENUE - #4  
City-St-Zip: MIAMI BEACH,, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: MCMAHON, JOE  
Address: 1125 MERIDIAN AVENUE - # 2  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: MOONEY, FRASER  
Address: 1115 MERIDIAN AVENUE - #4  
City-St-Zip: MIAMI BEACH,, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE POSSCHELLE

RA

04/08/2009

Electronic Signature of Signing Officer or Director

Date