

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90093 037 ****61.25

DOCUMENT # N93000001059 1. Entity Name SQUARE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US			Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE CAPE CORAL, FL 33904			Name George Teague Street Address (P.O. Box) Professionally Yours, Inc. 8270 College Pkwy. #103 City Ft. Myers, FL 33919 Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JIMERSON, ELIZABETH		NAME		
STREET ADDRESS	4520 SW 8TH PLACE # 101		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROYTOS, SUSAN		NAME		
STREET ADDRESS	4520 SW 8TH PLACE #2		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGDON, MARLA B		NAME		
STREET ADDRESS	4424 SW 8TH PLACE # 115		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33914		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ President 3/9/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					