

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001059

FILED
Apr 30, 2008
Secretary of State

Entity Name: SQUARE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-2587979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MORABITO, PAT
Address: 105 PARK DRIVE
City-St-Zip: ROCHESTER, NY 14445 US

Title: PD () Delete
Name: NEWSOME, BERNARD A
Address: 4514 SW 8TH PL 12
City-St-Zip: CAPE CORAL, FL 33914 US

Title: ST () Delete
Name: OSDON, MARLA B
Address: 4424 SW 8TH PLACE # 115
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: RYAN, MIKE
Address: 4424 SW 8TH PL
City-St-Zip: CAPE CORAL, FL 33914 US

Title: P (X) Change () Addition
Name: OGDON, MARLA B
Address: 4424 SW 8TH PLACE # 115
City-St-Zip: CAPE CORAL, FL 33914 US

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: MARLA OGDON

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date