

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2007  
Secretary of State**

DOCUMENT# N04000006028

Entity Name: E2 SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12960 SUZANNE DRIVE  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

12960 SUZANNE DRIVE  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 20-1434386      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WAGNER, PEGGY L  
11130 SE FEDERAL HWY  
HOBE SOUND, FL 33455      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: P      ( ) Delete  
Name: AHEARN, JOHN J  
Address: 8996 S.E. HARBOUR ISLAND WAY  
City-St-Zip: HOBE SOUND, FL 33455

Title: V      ( ) Delete  
Name: O'GRADY, EILEEN T  
Address: 2209 S.W. GOLDEN BEAR WAY  
City-St-Zip: PALM CITY, FL 34990

Title: ST      ( ) Delete  
Name: ROSE, MICHAEL D  
Address: 9224 COVE POINT CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN T. O'GRADY

V

01/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date