

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 713935

1. Corporation Name

PALM SPRINGS GARDENS BUILDING ONE CONDOMINIUM AS SOCIATION, INC.

Principal Place of Business 110 ROYAL PALM RD. HIALEAH FL 33016 Mailing Address

2011 W 62 ST HIALEAH FL 33016

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90029 032 \*\*\*\*70.00



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2. Principal Place of Business 2a. Mailing			ling Address			<del></del>	3. Date Incorporated or Qualifed					
21		26					01/15/1968			· .		
Suite, Ap	ot. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.				4. FEI Number 59-1321024				oplied For	
22		27				}	35 132 1024			l No	ot Applicable	
City & St	tate	City & State	City & State				5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
Zip				Country			<ol> <li>Election Campaign F</li> <li>Trust Fund Contribut</li> </ol>	-	9 S5.00 May Be Added to Fees			
24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
	3. Haine and Address of Chilen	t tregistered rigent		81	Name		-					
LIPPALANDET LIPPING												
HERNANDEZ, HENRY					82 Street Address (P.O. Box Number is Not Acceptable)							
2011 W 62 ST					83							
HIALEAH	1 FL 33016											
				84	City		•		E۱	85 Zip	Code	
	nt to the provisions of Sections 617.050			لــــــــــــــــــــــــــــــــــــــ			ti-m automite this statement	na far the	T L	changing its	registered	
office o agent. I	r registered agent, or both, in the State in I am familiar with, and accept the obligation	of Florida, Such chai	nde was authorize	ea by	the corbo	oration's	board of directors. I her	eby accep	t the appoi	intment as re	gistered	
SIGNATUR	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Register	ed Agen	it signature re	required who	en reinstating)		DATE		<u> </u>	
12.		ID DIRECTORS	13				ADDITIONS/CHANGE	S TO OFF	ICERS AN			
TITLE	19 SD		DELETE 1.1	TITLE		SE	<u> </u>	_		Change	Addition Addition	
NAME	GONZALEZ, ROGELIO		1.2	NAME		Gar	nzalez H	209e	110	_,,		
STREET ADDRES			1.3	STREET	ADDRESS	110	Royal Par Leah Gard	m Ro	/ ₩ II	O		
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	4	1.4	CITY-\$	T-ZIP	Hic	elean Gard	ens (	Z/ 3	3016		
TITLE	TD		DELETE 2.1	TITLE				,		☐ Change	☐ Addition	
NAME	GARCIA, CARIDAD		2.2	NAME								
STREET ADDRE			2.3	STREET	ADORESS							
CITY-ST-ZIP	HIALEAH GARDENS FL 33016			CITY-S			· · · · · · · · · · · · · · · · · · ·	*-		. *		
TITLE	SD-PD			TITLE		DP				Change	Addition	
NAME	REGALADO, EMILIO		3.2	NAME	Ì	' "	-					
STREET ADDRE			1	-	TADDRESS							
CITY-ST-ZIP	HIALEAH GARDENS FL 33016		I -	CITY-S								
TITLE	- D	D.		TITLE		<del>                                     </del>				☐ Change	Additio	
NAME	DAVALOS, REINALDO	,		NAME	l							
STREET ADDRE					TADDRESS					4		
	HIALEAH GARDENS FL 33016			CITY-S	- 1			•				
CITY-ST-ZIP	THELENI CAUDENCE I C 30010	<u> </u>		TITLE	1-217	<del>                                     </del>				Change	☐ Additio	
l .			1	NAME								
NAME			1		ADDRESS							
STREET ADDRE	55			CITY-S								
CITY-ST-ZIP		<u></u>		TITLE		<del> </del>				Change	☐ Additio	
TITLE		اب		NAME								
NAME			1 7		ADDRESS							
STREET ADDRE	ess		<b>I</b>		i	1						
CITY, ST. 7ID	<b>\</b>		■ 6.4	CITY-S	(-212	1						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with/all other like empowered.

**SIGNATURE** 

MGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/3/99

Daytime Phone #

CR2E037 (11/98)