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04-22-1999 90169 005 ****61.25

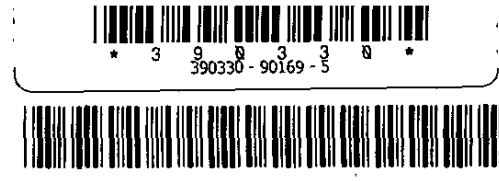
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753245
1. Corporation Name
PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business: 2580 CORAL SPRINGS DRIVE APT. #90 CORAL SPRINGS FL 33065
Mailing Address: 7832 WILES ROAD CORAL SPRINGS FL 33067 US



2. Principal Place of Business 21 7932 WILES ROAD Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/03/1980
City & State 23 CORAL SPRINGS, FLORIDA	City & State 28	4. FEI Number 59-2148061 Applied For Not Applicable
Zip 24 33067 Country 25 U.S.A.	Zip 29 Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
BLACKBURN, DONALD C.
2580 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name RANDALL R. STARK
82 Street Address (P.O. Box Number is Not Acceptable) 2590 CORAL SPRINGS DRIVE APT. 90
83
84 City CORAL SPRINGS FL 85 Zip Code 33065

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Donald C. Blackburn* RANDALL R. STARK DATE: 4-12-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, DONALD	1.2 NAME	
STREET ADDRESS	2580 CORAL SPRINGS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERPA, ALEJANDRO	2.2 NAME	
STREET ADDRESS	2576 CORAL SPRINGS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCANNON, MALCOLM T	3.2 NAME	STARK RANDALL R.
STREET ADDRESS	4408 NW 73RD AVENUE	3.3 STREET ADDRESS	2590 CORAL SPRINGS DRIVE APT 90
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	CORAL SPRINGS FLORIDA 33065
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Donald C. Blackburn* DATE: 4-12-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SIGNATURE REQUIRED
 3/19/99 954-344-5353
 Daytime Phone #

039320

CR2E037 (1/1/98)