

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

04-30-2001 90384 030 ****61.25
 09-12-2001 90018 009 ****61.25

DOCUMENT # 753245

1. Entity Name

PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

7932 WILES RD
 CORAL SPRINGS FL 33067
 US

7932 WILES ROAD
 CORAL SPRINGS FL 33067
 US

CU076292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2148061

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYE & ROGER PA
6261 NW 6 WAY
STE 103
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **MAZUR, MICHAEL**
 STREET ADDRESS: **7250 W ATLANTIC BLVD**
 CITY-ST-ZIP: **MARGATE FL 33063**

TITLE: **Director-Pres** Change Addition
 NAME: **Mazur, Michael**
 STREET ADDRESS: **7250 W. Atlantic Blvd Margate, FL, 33063**
 CITY-ST-ZIP: **7250 W. Atlantic Blvd Margate, FL, 33063**

TITLE: **D** Delete
 NAME: **MARHOFFER, MICHELLE**
 STREET ADDRESS: **2538 CORAL SPRINGS DR**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33065**

TITLE: **Director-VP/Treas** Change Addition
 NAME: **Baquero, Christian**
 STREET ADDRESS: **2562 Coral Springs Drive**
 CITY-ST-ZIP: **Coral Springs, FL 33065**

TITLE: **D** Delete
 NAME: **STARK, RANDALL R**
 STREET ADDRESS: **2590 CORAL SPRINGS DR, APT #90**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33065**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 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: *Michael Mazur*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01

Date

Daytime Phone #

CR2001 15/01