


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90032 009 \*\*\*\*61.25

**DOCUMENT # 753245**

1. Entity Name  
**PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC**



**44016192**



Principal Place of Business  
**7932 WILES RD  
 CORAL SPRINGS, FL 33067 US**

Mailing Address  
**7932 WILES ROAD  
 CORAL SPRINGS, FL 33067 US**

2. Principal Place of Business  
**9365 W. SAMPLE ROAD**

3. Mailing Address  
**CONDO MANAGEMENT ALTERNATIVE**

Suite, Apt. #, etc.  
**#203**

Suite, Apt. #, etc.  
**P.O. BOX 8506**

03012004 Chg-NP CR2E037 (10/03)

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

Zip  
**33065**

Country  
**US**

Zip  
**33075**

Country  
**US**

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

**WHITTLE, JOHN  
 953 UNIVERSITY DRIVE  
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name  
**ANNE SAATHOFF**

Street Address (P.O. Box Number is Not Acceptable)  
**CONDO MANAGEMENT ALTERNATIVE**

**9365 W. SAMPLE ROAD #203**

City  
**CORAL SPRINGS**

**FL**

Zip Code  
**33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anne Saathoff* **ANNE SAATHOFF** 2/29/04

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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS VALENTE, RALPH 2590 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPOS, MARIA 2532 CORAL SPRINGS DR CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAQUERO, CHRISTIAN 2562 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTE, RALPH P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIENS, BARBARA P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUBOIS, CHRISTOPHER P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Viens* **BARBARA VIENS** 3/3/04 954-752-4796

Signature and typed or printed name of signing officer or director Date Daytime Phone #