


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90086 038 ****61.25

DOCUMENT # 753245					
1. Entity Name PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065 US			Mailing Address CONDO MANAGEMENT ALTERNATIVE P.O. BOX 8506 CORAL SPRINGS, FL 33075 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2148061	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAATHOFF, ANNA CONDO MANAGEMENT ALTERNATIVE 9365 W. SAMPLE ROAD, #203 CORAL SPRINGS, FL 33065			Name CONDO MANAGEMENT ALTERNATIVE, INC. Street Address (P.O. Box Number is Not Acceptable) 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 <u>Ronald Saathoff</u> RONALD SAATHOFF				DATE <u>1/31/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALENTE, RALPH		NAME		
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIEWS, BARBARA		NAME	VIENS, BARBARA	
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURIOS, CHRISTOPHER		NAME	DUBOIS, CHRISTOPHER	
STREET ADDRESS	P.O. BOX 8506		STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075		CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>[Signature]</u>				DATE <u>2-3-05</u> DAYTIME PHONE # <u>954-752-4796</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					