

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90083 033 ****61.25

UAC2001

DOCUMENT # 753245

1. Entity Name
PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
Name: **JOHN W. HULL**
Street Address (P.O. Box Number is Not Acceptable): **953 University Blvd Property Management**
City: **Coral Springs** FL Zip Code: **33071**

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: *John W. Hull* DATE: **2/25/03**

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

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZUR, MICHAEL	NAME	RANGA VALENTE
STREET ADDRESS	7250 W ATLANTIC BLVD	STREET ADDRESS	2590 Coral Springs Drive
CITY-ST-ZIP	MARGATE FL 33063	CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARHOFFER, MICHELLE	NAME	MARIA CANOAS
STREET ADDRESS	2538 CORAL SPRINGS DR	STREET ADDRESS	2532 Coral Springs Dr
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	Coral Springs FL 33065
TITLE	DT <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAQUERO, CHRISTIAN	NAME	
STREET ADDRESS	2562 CORAL SPRINGS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	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	
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: *John W. Hull* **SIGNATURE REQUIRED** DATE: **3/1/03** 773-927-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)