I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

VSD

#### SIGNATURE: NORMA EDWARDS

I

Electronic Signature of Signing Officer/Director Detail

#### **DOCUMENT# 753245**

#### Entity Name: PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC

### **Current Principal Place of Business:**

9365 W SAMPLE RD #203 CORAL SPRINGS, FL 33065

### **Current Mailing Address:**

CONDO MANAGEMENT ALTERNATIVE PO BOX 8506 CORAL SPRINGS, FL 33075 US

# FEI Number: 59-2148061

# Name and Address of Current Registered Agent:

CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W SAMPLE RD #203 CORAL SPRINGS, FL 33065 US

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:

# Electronic Signature of Registered Agent

Officer/Director Detail :				
Title	PD	Title	TD	
Name	OKEN, ANDREA	Name	VALENTE, RALPH	
Address	9365 W SAMPLE RD #203	Address	9365 W SAMPLE RD #203	
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065	
Title	VSD			
Name	EDWARDS, NORMA			
Address	9365 W SAMPLE RD #203			
City-State-Zip:	CORAL SPRINGS FL 33065			

Certificate of Status Desired: No

FILED Apr 06, 2019 Secretary of State 0335238798CC

Date