2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # 713935

1. Entity Name
PALM SPRINGS GARDENS BUILDING ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
110 ROYAL PALM RD. HIALEAH, FL 33016 US	2011 W 62 ST HIALEAH, FL 33016 US

02262007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1321024

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARIDAD
2011 W 62 ST
HIALEAH, FL 33016

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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 _____
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, 2007

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

U00000661395
03/20/07-80039-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONTALVO, CANDIDO
STREET ADDRESS	110 ROYAL PALM RD #307
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	TD
NAME	MOREMO, JUANA M
STREET ADDRESS	110 ROYAL PALM RD #114
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	SD
NAME	MONTANE, CARMEN
STREET ADDRESS	110 ROYAL PALM RD. #106
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Candido Montalvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #