

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90027 003 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                     |                                                                                                                                                                                                                     |                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| <b>DOCUMENT # 713935</b><br>1. Entity Name<br><b>PALM SPRINGS GARDENS BUILDING ONE<br/>CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                     |                                                                                                                                                                                                                     |                                       |  |
| Principal Place of Business<br><b>110 ROYAL PALM RD.<br/>HIALEAH, FL 33016 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                     | Mailing Address<br><b>2011 W 62 ST<br/>HIALEAH, FL 33016 US</b>                                                                                                                                                     |                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 3. Mailing Address                                                                  |                                                                                                                                                                                                                     |                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                     |                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | City & State                                                                        |                                                                                                                                                                                                                     |                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                   | Zip                                                                                 | Country                                                                                                                                                                                                             | 4. FEI Number<br><b>59-1321024</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                     |                                                                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GARCIA, CARIDAD<br/>2011 W 62 ST<br/>HIALEAH, FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>American Management Realty, Inc</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2011 West 62nd St</b><br>City <b>Hialeah</b> FL <b>33016</b> |                                       |  |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE         </div> </div>                                        |                                                                                                           |                                                                                     |                                                                                                                                                                                                                     |                                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                     | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           |                                                                                     |                                                                                                                                                                                                                     |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                        |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>MONTALVO, CANDIDO</b><br><b>110 ROYAL PALM RD #307</b><br><b>HIALEAH GARDENS, FL 33016</b> | <input checked="" type="checkbox"/> Delete                                          |                                                                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TD</b><br><b>MOREMO, JUANA M</b><br><b>110 ROYAL PALM RD #114</b><br><b>HIALEAH GARDENS, FL 33016</b>  | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SD</b><br><b>MONTANE, CARMEN</b><br><b>110 ROYAL PALM RD. #106</b><br><b>HIALEAH, FL 33016</b>         | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                                   | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                                   | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                                   | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                     |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Empty)                                                                                                   | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                     |                                       |  |
| 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 <b>Carmen Montane</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                |                                       |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                     | Daytime Phone # <b>305-558-9820</b>                                                                                                                                                                                 |                                       |  |