


**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # 715146 1. Entity Name PALM SPRINGS GARDENS BUILDING FOUR CONDOMINIUM ASSOCIATION, INC.	
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FILED

2008 SEP -8 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O DEBRA HOLMES 140 ROYAL PALM RD. #118 HIALEAH GARDENS, FL 33016	Mailing Address 140 ROYAL PALM RD., #118 HIALEAH GARDENS, FL 33016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08262008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1726732	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLMES, DEBRA 140 ROYAL PALM RD NO 118 HIALEAH GARDENS, FL 33016	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T HOLMES, DEBRA <input type="checkbox"/> Delete 140 ROYAL PALM RD #118 HIALEAH GARDENS, FL 33016	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align:right; font-weight:bold;">200135603602</div> <div style="text-align:right;">09/09/08--01027--023 **\$61.25</div> D Gonzalez Nereyda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 140 Royal Palm Rd #310 Hialeah Gardens Fla 33016
TITLE	D <input checked="" type="checkbox"/> Delete BEULAH, PHILLIPS 140 ROYAL PALM RD STE 206 HIALEAH GARDENS, FL 33016	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Martin Pedro 140 Royal Palm Rd #119 Hialeah Gardens Fla 33016
TITLE	P <input checked="" type="checkbox"/> Delete ESPINAL, ROSA 140 ROYAL PALM RD. # 106 HIALEAH GARDENS, FL 33016	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Kali Josue 140 Royal Palm Rd #108 Hialeah Gardens Fla 33016
TITLE	S <input type="checkbox"/> Delete JESUE, KALIL 140 ROYAL PALM RD. #311 HIALEAH GARDENS, FL 33016	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition D CAMEJO, CONCEPCION 140 ROYAL PALM ROAD 103 HIALEAH, FL 33016
TITLE	<input type="checkbox"/> Delete 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Debra Holmes Debra Holmes 8/27/08 (305) 817-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #