

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 715505	
1. Entity Name PALM SPRINGS LAKE CIVIC ASSOCIATION, INC.	

Principal Place of Business 7814 W. 16TH COURT HIALEAH, FL 33014-0202	Mailing Address 7814 W. 16TH COURT HIALEAH, FL 33014-0202
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04252006 No Chg-NP CR2E037 (1/05)

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARZ, HANS
7873 WEST 18 LANE
HIALEAH, FL 33014

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

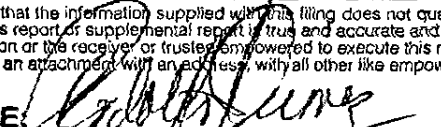
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000540334 05/10/06-80014-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, RODOFLO J 7814 W 16TH CT HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARZ, HANS 7873 W. 18TH LANE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ALINA 1745 SW 76TH ST HIALEAH, FL 33014
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:  **TREASURER**
RUDOLFO J. SUAREZ 4/25/06 305-718-4400

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