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	Mailing Address
7814 W. 16TH COURT HIALEAH, FL 33014-0202	7814 W. 16TH COURT HIALEAH, FL 33014-0202

04252006 No Chg-NP CR2E037 (11/05)

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000540334
05/10/06-80014-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SUAREZ, RODOIFO J
STREET ADDRESS	7814 W 16TH CT
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VPD
NAME	SCHWARZ, HANS
STREET ADDRESS	7873 W. 18TH LANE
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	PD
NAME	LOPEZ, ALINA
STREET ADDRESS	1745 SW 76TH ST
CITY-ST-ZIP	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: [signature] TREASURER RODOLFO J. SUAREZ 4/25/06 305-718-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #