


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 715505</b> 1. Entity Name <b>PALM SPRINGS LAKE CIVIC ASSOCIATION, INC.</b>	
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Principal Place of Business <b>7814 W. 16TH COURT HIALEAH, FL 33014-0202</b>	Mailing Address <b>7814 W. 16TH COURT HIALEAH, FL 33014-0202</b>
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHWARZ, HANS 7873 WEST 18 LANE HIALEAH, FL 33014</b>
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IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/16/07-80082-016 61.25

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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 reports 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:**  **RODOLFO J SUAREZ, TREASURY** **4/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #