

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

**FILED**  
**Apr 25, 2008 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



04222008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SUAREZ, RODOFO 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	

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05/16/08-80023-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODOFO J. SUAREZ  
TREASURY / Director

Date

4/22/08

Daytime Phone #

305-718-4400