

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716299

FILED
Feb 21, 2011
Secretary of State

Entity Name: PALM SPRINGS NORTH LAKE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8330 NW 185 STREET
HIALEAH, FL 330152645 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 825885
SOUTH FLORIDA, FL 330825885 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURT, LISA M TD
8330 NW 185 STREET
HIALEAH, FL 330152645 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD
Name: BURT, LISA M TD
Address: 8330 NW 185TH ST
City-St-Zip: HIALEAH, FL 330152645 US

Title: SDTP
Name: BURT, LISA M SD-TEMP
Address: 8330 NW 185 STREET
City-St-Zip: HIALEAH, FL 330152645 US

Title: VPD
Name: KARNES, JOHN R VPD
Address: 18200 NW 78 AVE
City-St-Zip: HIALEAH, FL 33015 US

Title: SAAD
Name: PEREZ, ORLANDO SAAD
Address: 8040 NW 185 STREET
City-St-Zip: HIALEAH, FL 33015 US

Title: PD
Name: DIPUGLIA, DAVID PD
Address: 7911 NW 181 STREET
City-St-Zip: HIALEAH, FL 33015 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA M. BURT

TD

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date