

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736344 (3)
1. Corporation Name
THE PALM SPRINGS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 1352 ALTAMONTE SPGS FL 32715 US
P.O. BOX 1352 ALTAMONTE SPGS FL 32715 US

3. Date Incorporated or Qualified **07/12/1976** 3a. Date of Last Report **09/26/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-1956542	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ANDREWS, DUANE
412 E. HIGHLAND ST.
ALTAMONTE SPGS FL 32701

10. Name and Address of New Registered Agent

81 Name **KATHERYN GREENACRE**
82 Street Address (P.O. Box Number is Not Acceptable) **308 HILLCREST**
83
84 City **ALTAMONTE SPG.** FL 85 Zip Code **32701**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Kathryn Greenacre* *Treasurer* 2-5-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDREWS, DUANE			1.2 NAME	NEAL W OTT		
STREET ADDRESS	412 E. HIGHLAND ST.			1.3 STREET ADDRESS	301 RIDGE WOOD ST		
CITY-ST-ZIP	ALTAMONT SPGS. FL 32701			1.4 CITY-ST-ZIP	ALTAMONT SPH FL 32701		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JERRY 2 55 E. R			2.2 NAME	JO LYNN BARNETT		
STREET ADDRESS	255 E. RIDGEWOOD ST.			2.3 STREET ADDRESS	301 HILLCREST		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701			2.4 CITY-ST-ZIP	ALTAMONTE SPG. FL. 32701		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAMBERT, PAM			3.2 NAME	DAVE HINTON		
STREET ADDRESS	200 E. ALPINE ST.			3.3 STREET ADDRESS	340 HILLCREST		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			3.4 CITY-ST-ZIP	ALTAMONTE SPG FL 32701		
TITLE	DT D	<input type="checkbox"/> DELETE		4.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAUDOUY, JEANETTE			4.2 NAME	KATHRYN GREENACRE		
STREET ADDRESS	960 SHALLOWFORD ST.			4.3 STREET ADDRESS	308 HILLCREST		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701			4.4 CITY-ST-ZIP	ALTAMONTE SPG. FL. 32701		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCRUGGS, HARRY			5.2 NAME			
STREET ADDRESS	185 HILLTOP PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPGS FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONALDSON, SYLVIA			6.2 NAME			
STREET ADDRESS	413 E ORANGE ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPGS FL DECEASED			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* 2-5-96 407 931-3151
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)