


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <b>P.O. BOX 1352 ALTAMONTE SPGS FL 32715 US</b>	Mailing Address <b>P.O. BOX 1352 ALTAMONTE SPGS FL 32715 US</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country		3. Date Incorporated or Qualified <b>07/12/1976</b>	3a. Date of Last Report <b>02/09/1996</b>
		4. FEI Number <b>59-1956542</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax, under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GREENACRE, KATHRYN 308 HILLCREST ALTAMONTE SPRINGS FL 32701</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>308 EAST HILLCREST ST.</b> 83 84 City <b>FL</b> 85 Zip Code	
---	--	--	--

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 W. Greenacre, Treasurer* 3/22/97  
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 type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTT, NEAL W			1.2 NAME	LAMBERT, WALLACE		
STREET ADDRESS	301 RIDGE WOOD STREET			1.3 STREET ADDRESS	200 E. ALPINE ST.		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, JERRY 2 55 E. R			2.2 NAME	BECKETT, BARRIE		
STREET ADDRESS	255 E. RIDGEWOOD ST.			2.3 STREET ADDRESS	218 E. HILLCREST ST.		
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701			2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, PAM			3.2 NAME	TROMBO, DAWN		
STREET ADDRESS	200 E. ALPINE ST.			3.3 STREET ADDRESS	205 RAYMOND AVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUDOUY, JEANETTE			4.2 NAME	GREENACRE, KATHRYN		
STREET ADDRESS	960 SHALLOWFORD ST.			4.3 STREET ADDRESS	808 E. HILLCREST ST		
CITY-ST-ZIP	ALTAMONTE SPGS FL			4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, JO LYNN			5.2 NAME	TAYLOR, JERRY		
STREET ADDRESS	301 HILLCREST			5.3 STREET ADDRESS	205 E. RIDGEWOOD ST		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINTON, DAVE			6.2 NAME	OTT, NEAL W.		
STREET ADDRESS	340 HILLCREST			6.3 STREET ADDRESS	301 RIDGEWOOD ST.		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kathryn W. Greenacre* 3/22/97 407-896-2194  
Signature and typed or printed name of signing officer or director Date

CR2E037 (9/96)