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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736344 (3)
1. Corporation Name
THE PALM SPRINGS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1352 ALTAMONTE SPRGS FL 32715 US	Mailing Address P.O. BOX 1352 ALTAMONTE SPRGS FL 32715 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/12/1976
4. FEI Number 59-1956542
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**GREENACRE, KATHRYN
308 E HILLCREST ST
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent	
81 Name Janet Reynolds	82 Street Address (P.O. Box Number is Not Acceptable) 245 Alpine St.
83	84 City Altamonte /Springs 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 Janet F. Reynolds **JANET REYNOLDS, TREASURER** **4-1-98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAMBERT, WALLACE 200 E ALPINE ST ALTAMONTE SPRGS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BECKETT, BARBIE 213 E HILLCREST ST ALTAMONTE SPRGS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TROMBO, DAWN 255 RAYMOND AVE ALTAMONTE SPRGS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GREENACRES, KATHRYN 808 E HILLCREST ST ALTAMONTE SPRGS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, JERRY 255 E RIDGEWOOD ST ALTAMONTE SPRGS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OTT, NEAL 301 RIDGEWOOD ST ALTAMONTE SPRGS FL <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DV Dawn Tombo 255 Raymond Ave. Altamonte Springs, Fl. 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DS Jo Lynn Barnett 301 Hillcrest St. Altamonte Springs, Fl. 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DT Janet Reynolds 245 Alpine St. Altamonte Springs, Fl. 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Jann Schmitt 353 Cedarbrook Ln. Altamonte Springs, Fl. 21714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Terry Barney 512 E. Oakhurst St. Altamonte Springs, Fl. 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Janet F. Reynolds **4-1-98** **407.834.4044**

CR2E037 (10/97)