2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738091

FILED Feb 21, 2009 Secretary of State

Entity Name: PALM SPRINGS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1800 N.W. 80TH AVENUE MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** C/O CASTLE MANAGEMENT 1800 N.W. 80TH AVENUE PO BOX 559009 MARGATE, FL 33063 FORT LAUDERDALE, FL 33355 FEI Number: 59-1804008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. % GARY A. POLIAKOFF, J.D. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition () Delete SWEIG, ISRAEL Name: Name: 7690 NW 18TH ST, UNIT 304 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKMAN, SAMUEL Name: Name: Address: 1470 NW 80TH AVE. UNIT 203 Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: PD() Delete Title: () Change () Addition GORDON, SAMUEL Name: Name: 7620 NW 18TH ST, UNIT 102 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: EDELMAN, MORRIS Name: HOROWITZ, SHEILA 7800 NE 18TH ST, UNIT 207 7608 NE 18TH ST Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: (X) Change () Addition KATOWITZ, PEARL HYATT, ROCHELLE Name: Name: 7688 NW 18TH ST, UNIT 207 7608 NW 18TH ST Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: () Change () Addition BROWNSTEIN, GEORGE Name: Name: Address: 7624 NW 18 ST, UNIT 305 Address: MARGATE, FL 33063 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY MGR 02/21/2009