

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738092

FILED
Apr 30, 2009
Secretary of State

Entity Name: PALM SPRINGS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7901 MARGATE BLVD
CLUBHOUSE
POMPAN0 BEACH, FL 33063

New Principal Place of Business:

Current Mailing Address:

2531 ARAGON BLVD.
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 59-1804005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLER-SCHNAITMAN, TRACEY S MGR
2531 ARAGON BLVD.
SUNRISE, FL 33322 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: DT () Delete
Name: GALLOWAY, KAREN PRES
Address: 7901 MARGATE BLVD.
City-St-Zip: MARGATE, FL 33063

Title: DP () Delete
Name: BAILEY, W J PRES
Address: 7901 MARGATE BLVD.
City-St-Zip: MARGATE, FL 33063

Title: DS () Delete
Name: CURRY, PAMELIA SEC
Address: 7901 MARGATE BLVD.
City-St-Zip: MARGATE, FL 33063

Title: DVP () Delete
Name: ROSS, DOROTHY V.P.
Address: 7901 MARGATE BLVD.
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: GIRALDO, JORGE DIR
Address: 7901 MARGATE BLVD.
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: W. JOEL BAILEY

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date