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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:22

DOCUMENT # 745628 (8)

1. Corporation Name
PALM SPRINGS TOWNHOMES OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
565 COUNTRY CLUB DR ATLANTIS FL 33462 US	565 S COUNTRY CLUB DR ATLANTIS FL 33462 US

3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 04/14/1994
4. FEI Number NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

VASSALLO, JOSEPH A
3501 S. CONGRESS AVE
LAKE WORTH FL 33481

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BOGER, BETTY
STREET ADDRESS	565 S COUNTRY CLUB DR
CITY-ST-ZIP	ATLANTIS FL
TITLE	S
NAME	JUDGE, EILEEN
STREET ADDRESS	228 ALEMEDA DR
CITY-ST-ZIP	PALM SPRINGS FL
TITLE	VPD
NAME	HOYNACK, GREG
STREET ADDRESS	ALEMEDA DR
CITY-ST-ZIP	PALM SPRINGS, FL 00000
TITLE	PD
NAME	WILLIAMS, JAMES
STREET ADDRESS	221 ALEMEDA DRIVE
CITY-ST-ZIP	PALM SPRINGS, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD - SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BETTY L. BOGER	
1.3 STREET ADDRESS	565 S COUNTRY CLUB DR	
1.4 CITY-ST-ZIP	ATLANTIS, FLA 33462	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GENDRON, DARLENE	
2.3 STREET ADDRESS	233 ALEMEDA DRIVE	
2.4 CITY-ST-ZIP	PALM SPRINGS, FLORIDA 33461	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NONE	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GENDRON, JAMES	
4.3 STREET ADDRESS	233 ALEMEDA DRIVE	
4.4 CITY-ST-ZIP	PALM SPRINGS, FLORIDA 33461	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Betty L. Boger Betty L. Boger 1/23/95 409/967-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #