

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 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 # 745628 (8)
 1. Corporation Name
PALM SPRINGS TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business 565 COUNTRY CLUB DR ATLANTIS FL 33462 US	Mailing Address 565 S COUNTRGY CLUB DR ATLANTIS FL 33462 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
12/29/1978

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

VASSALLO, JOSEPH A
3501 S. CONGRESS AVE
LAKE WORTH FL 33461

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOGER, BERRY	
STREET ADDRESS	565 S COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GENDRON, DARLENE	
STREET ADDRESS	233 ALEMEDA DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GENDRON, JAMES	
STREET ADDRESS	233 ALEMEDA DRIVE	
CITY-ST-ZIP	PALM SPRINGS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES	
STREET ADDRESS	221 ALEMEDA DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ST BOGER, BETTY
1.3 STREET ADDRESS	565 S. COUNTRY CLUB DRIVE
1.4 CITY-ST-ZIP	ATLANTIS, FLA 33462
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD JAMES LANCASTER
5.3 STREET ADDRESS	224 ALEMEDA DRIVE
5.4 CITY-ST-ZIP	PALM SPRINGS, FLA 33461
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D EILEEN JUDGE
6.3 STREET ADDRESS	226 ALEMEDA DRIVE
6.4 CITY-ST-ZIP	PALM SPRINGS, FLA 33461

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: Betty Boger **REQUIRED** January 5 1998

CR2E037 (10/97)