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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745628

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 COUNTRY CLUB DR ATLANTIS FL 33462 US



21. 224 Alameda DR.	26. 224 Alameda DR.	3. 12/29/1978
22. Same	27. SAME	4. NOT APPLICABLE
23. Palm Springs, FL	28. Palm Springs, FL	5. \$8.75 Additional Fee Required
24. 33461	29. 33461	6. \$5.00 May Be Added to Fees
25. U.S.	30. U.S.	

9. VASSALLO, JOSEPH A 3501 S. CONGRESS AVE LAKE WORTH FL 33461	10. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	BOGER, BETTY	1.1 TITLE: D	LEONARDO Gomez
STREET ADDRESS: 565 S COUNTRY CLUB DR	ATLANTIS FL 33462	1.2 NAME: LEONARDO Gomez	220 Alameda DR
CITY-ST-ZIP: ATLANTIS FL 33462		1.3 STREET ADDRESS: 220 Alameda DR	Palm Springs FL 33461
TITLE: PD	LANCASTER, Jimmy	1.4 CITY-ST-ZIP: Palm Springs FL 33461	
STREET ADDRESS: 224 ALEMEDA DR	PALM SPRINGS FL 33461	2.1 TITLE: PD	JIMMY LANCASTER
CITY-ST-ZIP: PALM SPRINGS FL 33461		2.2 NAME: JIMMY LANCASTER	224 Alameda Rd
TITLE: D	JUDGE, EILEEN	2.3 STREET ADDRESS: 224 Alameda Rd	Palm Springs FL 33461
STREET ADDRESS: 226 ALMEDA DR	PALM SPRINGS, FL 00000 33461	2.4 CITY-ST-ZIP: Palm Springs FL 33461	
CITY-ST-ZIP: PALM SPRINGS, FL 00000 33461		3.1 TITLE: S-D	EILEEN Judge
TITLE: D	WILLIAMS, JAMES	3.2 NAME: EILEEN Judge	226 Alameda Dr
STREET ADDRESS: 221 ALEMEDA DRIVE	PALM SPRINGS FL	3.3 STREET ADDRESS: 226 Alameda Dr	Palm Springs FL 33461
CITY-ST-ZIP: PALM SPRINGS FL		3.4 CITY-ST-ZIP: Palm Springs FL 33461	
TITLE: [Blank]	[Blank]	4.1 TITLE: [Blank]	[Blank]
NAME: [Blank]	[Blank]	4.2 NAME: [Blank]	[Blank]
STREET ADDRESS: [Blank]	[Blank]	4.3 STREET ADDRESS: [Blank]	[Blank]
CITY-ST-ZIP: [Blank]	[Blank]	4.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	5.1 TITLE: [Blank]	[Blank]
NAME: [Blank]	[Blank]	5.2 NAME: [Blank]	[Blank]
STREET ADDRESS: [Blank]	[Blank]	5.3 STREET ADDRESS: [Blank]	[Blank]
CITY-ST-ZIP: [Blank]	[Blank]	5.4 CITY-ST-ZIP: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	6.1 TITLE: [Blank]	[Blank]
NAME: [Blank]	[Blank]	6.2 NAME: [Blank]	[Blank]
STREET ADDRESS: [Blank]	[Blank]	6.3 STREET ADDRESS: [Blank]	[Blank]
CITY-ST-ZIP: [Blank]	[Blank]	6.4 CITY-ST-ZIP: [Blank]	[Blank]

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, with all other like empowered.

SIGNATURE: Jimmy Lancaster REQUIRED. LANCASTER 2-1-99 561-642-1797

CR2E037 (11/98)