

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90001 044 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 745628

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

Principal Place of Business 224 ALEMEDA DR. PALM SPRINGS FL 33461 US	Mailing Address 224 ALEMEDA DR. PALM SPRINGS FL 33461-1601 US
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2. Principal Place of Business <i>Same as Above</i>	3. Mailing Address <i>Same as Above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Palm Springs, FL</i>	City & State <i>Palm Springs, FL</i>	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <i>33461</i>	Country <i>P. Beach</i>	Zip <i>33461</i>	Country <i>P. Beach</i>

6. Name and Address of Current Registered Agent VASSALLO, JOSEPH A 3501 S. CONGRESS AVE LAKE WORTH FL 33461	7. Name and Address of New Registered Agent Name <i>NONE</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete LEONARDA, GOMEZ 220 ALEMEDA DR. PALM SPRINGS FL 33461	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	<input type="checkbox"/> Delete LANCASTER, JIMMY 224 ALEMEDA DR PALM SPRINGS FL 33461	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete JUDGE, EILEEN 226 ALMEDA DR PALM SPRINGS, FL 00000 33461	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete WILLIAMS, JAMES 221 ALEMEDA DRIVE PALM SPRINGS FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PDT	<input type="checkbox"/> Delete JIMMY, LANCASTER 224 ALEMEDA RD. PALM SPRINGS FL 33461	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	<input type="checkbox"/> Delete EILEEN, JUDGE 226 ALEMEDA DR. PALM SPRINGS FL 3461	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leonarda Gomez* **4-1-00** **(561) 642-1797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)