

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90135 047 ****61.25

DOCUMENT # 745628

1. Entity Name

PALM SPRINGS TOWNHOMES OWNERS ASSOCIATION, INC.

906855



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

224 ALEMEDA DR.
 PALM SPRINGS FL 33461
 US

224 ALEMEDA DR.
 PALM SPRINGS FL 33461
 US

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D LEONARDA, GOMEZ**
 STREET ADDRESS **220 ALEMEDA DR.**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD LANCASTER, JIMMY**
 STREET ADDRESS **224 ALEMEDA DR**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JUDGE, EILEEN**
 STREET ADDRESS **226 ALMEDA DR**
 CITY-ST-ZIP **PALM SPRNGS, FL 00000 33461**

TITLE Change Addition
 NAME **D-Ruthann Purkall**
 STREET ADDRESS **235 Alameda DR**
 CITY-ST-ZIP **PALM SPRINGS 71A 33461**

TITLE Delete
 NAME **D WILLIAMS, JAMES**
 STREET ADDRESS **221 ALEMEDA DRIVE**
 CITY-ST-ZIP **PALM SPRINGS FL**

TITLE Change Addition
 NAME **D-Jamie Gendron**
 STREET ADDRESS **233 Alameda Dr.**
 CITY-ST-ZIP **Palm Springs 71A 33461**

TITLE Delete
 NAME **PDT JIMMY, LANCASTER**
 STREET ADDRESS **224 ALEMEDA RD.**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD EILEEN, JUDGE**
 STREET ADDRESS **226 ALEMEDA DR.**
 CITY-ST-ZIP **PALM SPRINGS FL 3461**

TITLE **S-D** Change Addition
 NAME **Ruthann Purkall**
 STREET ADDRESS **235 Alameda DR**
 CITY-ST-ZIP **Palm Springs 71A 33461**

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: *[Signature]* **JIM LANCASTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

Date

(Home) 642-1797

Daytime Phone #

CR2E037 (10/00)