

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90025 033 \*\*\*\*61.25

**DOCUMENT # 745628**

1. Entity Name

**PALM SPRINGS TOWNHOMES OWNERS ASSOCIATION, INC.**

Principal Place of Business

**221**  
~~224~~ ALEMEDA DR.  
 PALM SPRINGS FL 33461  
 US

Mailing Address

**221**  
~~224~~ ALEMEDA DR.  
 PALM SPRINGS FL 33461  
 US

2. Principal Place of Business

**221 ALEMEDA DR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM SPRINGS FL**

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33461**

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 **SD PURKALL, RUTHANN**  
 STREET ADDRESS **235 ALEMEDA DR**  
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GENDRON, JAMIE**  
 STREET ADDRESS **233 ALEMEDA DR**  
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **PD JAMES WILLIAMS**  
 STREET ADDRESS **221 ALEMEDA DR.**  
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: James Williams **JAMES WILLIAMS** 1-9-02 861 968 8717  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)