

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745628

FILED
Apr 29, 2005
Secretary of State

Entity Name: PALM SPRINGS TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

233 ALEMEDA DR.
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

233 ALEMEDA DR.
PALM SPRINGS, FL 33461 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, JASON R
233 ALEMEDA DR
PALM SPRINGS, FL 33461 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, JASON R
Address: 233 ALEMEDA DR.
City-St-Zip: PALM SPRINGS, FL 33461

Title: PD () Delete
Name: WILLIAMS, JAMES
Address: 221 ALAMEDA DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: SD () Delete
Name: PURKALL, RUTHANN
Address: 235 ALEMEDA DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: PDT () Delete
Name: JIMMY, LANCASTER
Address: 224 ALEMEDA RD.
City-St-Zip: PALM SPRINGS, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON R. BROWN

D

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date