2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745628

FILED Apr 27, 2006 Secretary of State

Entity Name: PALM SPRINGS TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

233 ALEMEDA DR. 221 ALEMEDA DR.

PALM SPRINGS, FL 33461 US PALM SPRINGS, FL 33461 US

Current Mailing Address: New Mailing Address:

233 ALEMEDA DR. 221 ALEMEDA DR.

PALM SPRINGS, FL 33461 US PALM SPRINGS, FL 33461 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, JASON R WILLIAMS, JAMES 233 ALEMEDA DR 221 ALEMEDA DR

PALM SPRINGS, FL 33461 US PALM SPRINGS, FL 33461 US

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: JAMES WILLIAMS 04/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: PD (X) Change () Addition

 Name:
 BROWN, JASON R
 Name:
 WILLIAMS, JAMES

 Address:
 233 ALEMEDA DR.
 Address:
 221 ALEMEDA DR.

 City-St-Zip:
 PALM SPRINGS, FL 33461
 City-St-Zip:
 PALM SPRINGS, FL 33461

Title: PD () Delete Title: SD (X) Change () Addition

 Name:
 WILLIAMS, JAMES
 Name:
 PURKALL, RUTH

 Address:
 221 ALAMEDA DR
 Address:
 235 ALAMEDA DR

 City-St-Zip:
 PALM SPRINGS, FL 33461
 City-St-Zip:
 PALM SPRINGS, FL 33461

Title: SD () Delete Title: VD (X) Change () Addition

 Name:
 PURKALL, RUTHANN
 Name:
 GOMEZ, LEONARDO

 Address:
 235 ALEMEDA DR
 Address:
 220 ALEMEDA DR

 City-St-Zip:
 PALM SPRINGS, FL 33461
 City-St-Zip:
 PALM SPRINGS, FL 33461

Title: PDT (X) Delete Title: () Change () Addition

 Name:
 JIMMY, LANCASTER
 Name:

 Address:
 224 ALEMEDA RD.
 Address:

 City-St-Zip:
 PALM SPRINGS, FL 33461
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 BROWN PT 04/27/2006