## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #753245**

1. Entity Name
PALM SPRINGS VILLAGE CONDOMINIUM

**FILED** Feb 16, 2006 8:00 am Secretary of State

02-16-2006 90036 005 \*\*\*\*61.25

ASSOCIATION,INC												
9365 W. SAMPLE ROAD (#203				Mailing Address CONDO MANAGEMENT ALTERNATIVE P.O. BOX 8506 CORAL SPRINGS, FL 33075 US				60016522°				
2. Principal Place of Business 3. Mai				iling Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02012006	Chg-NP	CR2E03	37 (11/05)	
City & State				City & State				4. FEI Numbe 59-2148			_ <del>                                    </del>	plied For t Applicable
Zip	Zip Country			,	intry		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of	Current Registere	d Agent				7. Name and	Address of New	Registered A	\gent	
CONDO MANAGEMENT ALTERNATIVE, INC.						Name						
9365 WEST SAMPLE ROAD #203						Street Address (P.O. Box Number is Not Acceptable)						
CORAL SPRINGS, FL 33065				Cir						FL	Zip Codi	e
8. The above	named entit	v submits this state	ement for the ouro	ose of changing its	registere	ed office o	r register	red agent, or bot	h. in the State of I		lamiliar with	and accept
	ions of regist			ood of onlying his	rogistore	011100	og.s.o.	ou agon, or oo	in an and State St	ronaa. Tas	Common voice,	and dodopi
		figura Tagura										ı
SIGNATURE.	Signature, typed	or printed name of registe	ered agent and little if app	licable. (NOTE	E: Registere	d Agent signat	ture required	when reinstating)		DATE		
					, .				<b>西海 医多类状</b>	74; °-(14304)40	THE WAY	<u>तः । विश्व</u> ान्यक्ष्याः
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2006 Trust Fund Contribut								\$5.00 May B Added to Fees	, Flo	Make check orida Depart	lment of SI	ate 😘 😘
10.			AND DIRECTORS	11.				ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIF		
TITLE	PD			☐ Delete	TITLE	E					☐ Change	Addition
NAME	VALENTE, RALPH			, NAME		Ε					_	
STREET ADDRESS					ET ADDRESS	}						
CITY-ST-ZIP		PRINGS, FL 33	075		CITY	-ST-ZIP	<u> </u>					
TITLE	SD	4DD4D4		🔼 Delete	TITLE		50		4		☐ Change	Addition
NAME STREET ADDRESS	VIENS, BARBARA P.O. BOX 8506			NAM		E Et address	OKE	BOX 850	4 /-			
CITY-ST-ZiP				CITY			CARA	L SPRING	s, FL 3307	75-		
TITLE	TD			☐ Detete	TITLE		VTD				KL Change	☐ Addition
NAME: -		CHRISTOPHER		·	NAM		, ,					
STREET ADDRESS	P.O. BOX	8506			STRE	ET ADDRESS						
CITY-ST-ZIP	CORAL S	PRINGS, FL 33	075		CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE		D		_		☐ Change	Addition
NAME					NAMI		CAM	POS, MARI	4			
STREET ADDRESS					1	ET ADDRESS	P.O. A	30× 8506	· /- / 22 - 12	_		
CITY-ST-ZIP				<u>-</u>		-ST-ZIP	LUKA	L STAINGS	, FL 3307	<u> </u>		
TITLE				☐ Delete	TITLE		1	41/444 75	056		Change	Addition
NAME STREET ADDRESS					NAM STRE	et address	20	4HAM, 3. 30× 8506	,			
CITY-ST-ZIP						-ST-ZIP	CORA	L SPRING	S, FL 330	75		
TITLE				☐ Delete	TITLE	 :	<del>                                     </del>		<u>,</u>		Change	☐ Addition
NAME				C Delete	NAMI						u.u.igu	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
12. I hereby o	certify that th	e information supp	lied with this filing	does not qualify for	r the exe	mptions c	ontained	in Chapter 119	Florida Statutes.	I further certi	fy that the in	formation

indicated on this report of suppremental report is true and accurate and that my signature shall have the same legal effect as it 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 attachingst with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-752-4796