


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90014 040 ****61.25

DOCUMENT # 753245 1. Entity Name PALM SPRINGS VILLAGE CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 9365 W. SAMPLE ROAD #203 CORAL SPRINGS, FL 33065 US			Mailing Address CONDO MANAGEMENT ALTERNATIVE P.O. BOX 8506 CORAL SPRINGS, FL 33075 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02162008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2148061	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDO MANAGEMENT ALTERNATIVE, INC. 9365 WEST SAMPLE ROAD #203 CORAL SPRINGS, FL 33065				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALENTE, RALPH	NAME			
STREET ADDRESS	P.O. BOX 8506	STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS, FL 33075	CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OKEN, ANDREA	NAME	<i>VSD Andrea Oken</i>		
STREET ADDRESS	P.O. BOX 8506	STREET ADDRESS	<i>2502 Coral Springs Dr.</i>		
CITY - ST - ZIP	CORAL SPRINGS, FL 33075	CITY - ST - ZIP	<i>Coral Springs, FL 33065</i>		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VIENS, BARBARA	NAME	<i>PTD ZORRILLA, TEOFANES</i>		
STREET ADDRESS	P.O. BOX 8506	STREET ADDRESS	<i>PO Box 8506</i>		
CITY - ST - ZIP	CORAL SPRINGS, FL 33075	CITY - ST - ZIP	<i>CORAL SPRINGS, FL 33075</i>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPOS, MARIA	NAME			
STREET ADDRESS	PO BOX 8506	STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS, FL 33075	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZORRILLA, TEOFANES	NAME			
STREET ADDRESS	PO BOX 8506	STREET ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS, FL 33075	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Teo Zorrilla</i>		TEO ZORRILLA		3-16-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
<i>Andrea Oken</i>		3/18/08		954-255-8771	