

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755910 (7)

1. Corporation Name

PALM SPRINGS AT THE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044



3. Date Incorporated or Qualified

01/15/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES W. HART, JR.
SENTRY MANAGEMENT INC
2180 W STATE ROAD 434 STE 5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEBITT, JEANNETTE P.
STREET ADDRESS 2174 WOOD BRIDGE RD
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VD
LEVITT, JEANNETTE P.

☒ Change

☐ Addition

TITLE TD
NAME MASSON, SUZANNE
STREET ADDRESS 2148 WOODBRIDGE RD
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD

☒ Change

☐ Addition

TITLE SD
NAME HARRIS, CINDY
STREET ADDRESS 2152 WOODBRIDGE RD
CITY-ST-ZIP LONGWOOD FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
MILLER, WAYNE
2190 WOODBRIDGE RD
LONGWOOD, FL

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

PD
NANCE, DARRELL
2146 WOODBRIDGE ROAD
LONGWOOD, FL

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
KUCHAREK, DAVE
2170 WOODBRIDGE ROAD
LONGWOOD, FL

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRELL NANCE

3/27/96

(407) 647-7275

CR2E037 (12/95)