2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 755910

Entity Name: PALM SPRINGS AT THE SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

120 EAST COLONIAL DRIVE
ORLANDO, FL 32801

New Principal Place of Business:

498 PALM SPRINGS DR
#235
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

120 EAST COLONIAL DRIVE
ORLANDO, FL 32801

New Mailing Address:

498 PALM SPRINGS DR
#235
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-2267872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYLE, JAMES W
498 PALM SPRINGS DR. SUITE 235
ALTAMONTE SPRINGS, FL 32701 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: PD ( ) Delete
Name: LEVITTI, PATTI
Address: 200 MAITLAND AVENUE # 45
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: DAVISON, BARBARA
Address: 2140 WOODBRIDGE RD
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete
Name: MULL, RONALD
Address: 2184 WOODBRIDGE RD.
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: COLEMAN, JOANNE
Address: 2172 WOODBRIDGE RD
City-St-Zip: LONGWOOD, FL 32779

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 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: JOANNE COLEMAN T 02/24/2009

Electronic Signature of Signing Officer or Director — Date