

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 19, 2009**  
**Secretary of State**

DOCUMENT# 755910

**Entity Name:** PALM SPRINGS AT THE SPRINGS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**498 PALM SPRINGS DR  
#235  
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:**206 SOUTH ELM AVENUE  
SANFORD, FL 32771**Current Mailing Address:**498 PALM SPRINGS DR  
#235  
ALTAMONTE SPRINGS, FL 32701**New Mailing Address:**206 SOUTH ELM AVENUE  
SANFORD, FL 32771**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:**ALL ABOUT MANAGEMENT, INC.  
206 SOUTH ELM AVENUE  
SANFORD, FL 32771 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: ANGELIA L. GORDON

10/19/2009

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**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** BD (X) Change ( ) Addition  
**Name:** DAVISON, BARBARA  
**Address:** 2140 WOODBRIDGE RD  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** VP (X) Change ( ) Addition  
**Name:** MULL, RONALD  
**Address:** 2184 WOODBRIDGE RD.  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** TR (X) Change ( ) Addition  
**Name:** COLEMAN, JOANNE  
**Address:** 2172 WOODBRIDGE RD  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** BD ( ) Change (X) Addition  
**Name:** MITCHELL, RUSSELL  
**Address:** 2170 WOODBRIDGE ROAD  
**City-St-Zip:** LONGWOOD, FL 32779

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: ANGELIA L. GORDON

RA

10/19/2009

Electronic Signature of Signing Officer or Director

Date