

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 12 PM 12:08

DOCUMENT # **770599** (9)

1. Corporation Name  
**THE PALM SPRINGS SQUARE CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**631 PALM SPRINGS DRIVE, SUITE 111  
\*ROBERT J. MACMURRAY, M.D., P.A.  
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified <b>10/04/1983</b>	3a. Date of Last Report <b>04/13/1994</b>
4. FEI Number <b>26-5351298</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

g. Name and Address of Current Registered Agent

**MACMURRAY, ROBERT  
631 PALM SPRINGS DRIVE, #101  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACMURRAY, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>631 PALM SPRINGS DR. 101</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACMURRAY, DIANE</b>	2.2 NAME	
STREET ADDRESS	<b>631 PALM SPRINGS DR 101</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMPER, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>631 PALM SPRINGS DR. 111</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLENTINE, R. E.</b>	4.2 NAME	
STREET ADDRESS	<b>631 PLM SPRINGS DR 107</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAFFER, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>1941 MOHICAN TRAIL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAITLAND FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or origin attachment with an address.

SIGNATURE: *Robert J Macmurray* 1/12/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Optional Phone #)