

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770599 (9)**

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



Principal Place of Business <b>631 PALM SPRINGS DRIVE, SUITE 111 %ROBERT J. MACMURRAY, M.D., P.A. ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>631 PALM SPRINGS DRIVE, SUITE 111 %ROBERT J. MACMURRAY, M.D., P.A. ALTAMONTE SPRINGS FL 32701</b>
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3. Date Incorporated or Qualified <b>10/04/1983</b>	3a. Date of Last Report <b>04/12/1995</b>
4. FEI Number <b>26-5351298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	MACMURRAY, ROBERT	<input type="checkbox"/> DELETE
NAME		631 PALM SPRINGS DR. 101	
STREET ADDRESS		ORLANDO FL	
CITY-ST-ZIP			
TITLE	DV	MACMURRAY, DIANE	<input type="checkbox"/> DELETE
NAME		631 PALM SPRINGS DR 101	
STREET ADDRESS		ALTAMONTE SPRINGS FL	
CITY-ST-ZIP			
TITLE	DST	KEMPER, SUSAN	<input type="checkbox"/> DELETE
NAME		631 PALM SPRINGS DR. 111	
STREET ADDRESS		ALTAMONTE SPRINGS FL	
CITY-ST-ZIP			
TITLE	D	BALLENTINE, R. E.	<input type="checkbox"/> DELETE
NAME		631 PLM SPRINGS DR 107	
STREET ADDRESS		ALTAMONTE SPRINGS FL	
CITY-ST-ZIP			
TITLE	D	SCHAFFER, EDWARD	<input type="checkbox"/> DELETE
NAME		1941 MOHICAN TRAIL	
STREET ADDRESS		MAITLAND FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Robert J Macmurray* **3/22/96 (407) 351-1121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)