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NONPROFIT **CORPORATION** ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770599

(9)

THE PALM SPRINGS SQUARE CONDOMINIUM ASSOCIATION, INC.

FILED Mar 31 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			1 JOSTII 18 Mit 1884 BEJOL Stild Iblia shis Bratt annte alatt neutr neutr neutr erm:		
531 PALM SPRINGS DRIVE. SUITE 111 MROBERT J. MACMURRAY, M.D., P.A. ALTAMONTE SPRINGS FL 32701		631 PALM SPRINGS DRIVE. SUITE 111 MROBERT J. MACMURRAY. M.D., P.A. ALTAMONTE SPRINGS FL 32701-7861					
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/26/1996		l Report 9 96	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 26-5351298		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	e	City & State		·	Election Campaign Financing Trust Fund Contribution		O May Be ed to Fees
Zip 24	Country 25	Z ₁ p	Count	гу	This corporation has liability for in Florida Statutes	intangible tax unde Yes \tag No	or s. 199.032,
F-4-1	9. Name and Address of Curren	<u> </u>	1001		10. Name and Address of New Re	gistered Agent	
			8	1 Name			
MACMURRAY, ROBERT 631 PALM SPRINGS DRIVE, #101 ALTAMONTE SPRINGS FL 32701		82 Street Ac		2 Street Add	Idress (P.O. Box Number is Not Acceptable)		
			8	3			
			8			FLIT	ip Code
agent a a	am tarmula with and accert including		Corido Statut			, , ,	
SIGNATURE	I NOW TO THE PER		<u> </u>		poration submits this statement for the pation's board of directors. I hereby acception when relating	DATE	
	Sign sture, typed or printed name a registered age OFFICERS AN	ont and title if applicable D DIRECTORS	ere: Registered A	gent signature requ		DATE CERS AND DIRECT	ORS IN 12
SIGNATURE	Sign sture, typed or printed name in registered age OFFICERS ANI	int and title if applicable.	13.	gent signature requ	uired when reinstating)	DATE	ORS IN 12
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