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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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03-02-1999 90076 010 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770599**

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

Principal Place of Business 631 PALM SPRINGS DRIVE, SUITE 111 %ROBERT J. MACMURRAY, M.D., P.A. ALTAMONTE SPRINGS FL 32701	Mailing Address 631 PALM SPRINGS DRIVE, SUITE 111 %ROBERT J. MACMURRAY, M.D., P.A. ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/04/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2957874
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

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 **ROBERT KOPEL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**631 PALM SPRINGS DR #107**

83 **ALTAMONTE SPRINGS**

84 City **FL** 85 Zip Code **32701**

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 *[Signature]* DATE **1-20-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD ROBERT KOPEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MACMURRAY, ROBERT</b>		1.2 NAME <b>631 PALM SPRINGS DR. #107</b>	
STREET ADDRESS <b>631 PALM SPRINGS DR. 101</b>		1.3 STREET ADDRESS <b>ALTAMONTE SPRINGS, FL 32701</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DV WAYNE MORRIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MACMURRAY, DIANE</b>		2.2 NAME <b>631 PALM SPRINGS DRIVE #107</b>	
STREET ADDRESS <b>631 PALM SPRINGS DR 101</b>		2.3 STREET ADDRESS <b>ALTAMONTE SPRINGS FL 32701</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEMPER, SUSAN</b>		3.2 NAME	
STREET ADDRESS <b>631 PALM SRPINGS DR. 111</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOSTER, BOB</b>		4.2 NAME	
STREET ADDRESS <b>631 PALM SPRINGS DRIVE 116</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D JUDY HUDSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHAFFER, EDWARD</b>		5.2 NAME <b>631 PALM SPRINGS DRIVE #101</b>	
STREET ADDRESS <b>1941 MOHICAN TRAIL</b>		5.3 STREET ADDRESS <b>ALTAMONTE SPRINGS FL 32701</b>	
CITY-ST-ZIP <b>MAITLAND FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **1-20-99**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)