

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2004
Secretary of State**

DOCUMENT# 770599

Entity Name: THE PALM SPRINGS SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

631 PALM SPRINGS DRIVE
STE 107
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

631 PALM SPRINGS DRIVE
STE 111
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

631 PALM SPRINGS DRIVE
STE 107
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

631 PALM SPRINGS DRIVE
STE 111
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-2957874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPEC, ROBERT
631 PALM SPRINGS DR 107
ALTAMONTE SPRINGS, FL 32701

Name and Address of New Registered Agent:

HARRIMAN, MARTHA
631 PALM SPRINGS DR , 111
ALTAMONTE SPRINGS, FL 32701

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: MARTHA HARRIMAN

01/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOPEC, ROBERT
Address: 631 PALM SPRINGS DR 107
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV (X) Delete
Name: MORRIS, WAYNE
Address: 631 PALM SPRINGS DRIVE 107
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: DST () Delete
Name: KEMPER, SUSAN,
Address: 631 PALM SRPINGS DR. 111
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D () Delete
Name: HUDSON, JUDY
Address: 631 PALM SPRINGS DRIVE 101
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIMAN, MARTHA
Address: 631 PALM SPRINGS DR 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: KEMPER, SUSAN,
Address: 631 PALM SPRINGS DR. 111
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA HARRIMAN

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date