

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770599

FILED  
Mar 03, 2006  
Secretary of State

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

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
STE 111  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

631 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

631 PALM SPRINGS DRIVE  
STE 111  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

150 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-2957874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HARRIMAN, MARTHA  
150 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

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:

03/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D (X) 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: 150 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST (X) Change ( ) Addition  
Name: KEMPER, SUSAN,  
Address: 150 N. WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 Chapter 119, 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: SUSAN KEMPER

DST

03/03/2006

Electronic Signature of Signing Officer or Director

Date