



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90045 001 ****61.25

DOCUMENT # 770599					
1. Entity Name THE PALM SPRINGS SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 631 PALM SPRINGS DRIVE ALTAMONTE SPRINGS, FL 32701			Mailing Address 150 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2957874	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIMAN, MARTHA 150 N. WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIMAN, MARTHA		NAME	Dr. Gary Sturn, M.D.	
STREET ADDRESS	150 N. WESTMONTE DRIVE		STREET ADDRESS	631 Palm Springs Dr., Suite 116	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Altamonte Springs, Fl. 32701	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPER, SUSAN		NAME	Robert L. Foster	
STREET ADDRESS	150 N. WESTMONTE DRIVE		STREET ADDRESS	631 Palm Springs Dr., Suite 114	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Altamonte Springs, Fl. 32701	
TITLE		<input type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Karyn K. Foster	
STREET ADDRESS			STREET ADDRESS	631 Palm Springs Dr., Suite 114	
CITY-ST-ZIP			CITY-ST-ZIP	Altamonte Springs, Fl. 32701	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/2/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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