
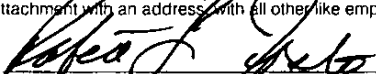


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 025 ****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 631 Palm Springs Dr	
Suite, Apt. #, etc. # 108-109		Suite, Apt. #, etc. # 108-109	
City & State		City & State ALT. SPRINGS, FLA	
Zip	Country	Zip	Country
32701		32701	Seminole
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 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURN, M.D., DR. GARY	NAME	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 116	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ROBERT L	NAME	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 114	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, KARYN K	NAME	GONZALEZ, Gladys
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 114	STREET ADDRESS	631 PALM SPRINGS DR., SUITE 108-109
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	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: 		Robert L. Foster 2/25/08 321-947-4775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	