

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770599

FILED  
Jan 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
108-109  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

631 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

631 PALM SPRINGS DR  
#108-109  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

631 PALM SPRINGS DR  
#108  
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:**

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

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

FALGONS, GLADYS  
631 PALM SPRINGS DRIVE  
SUITE 108  
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: GLADYS FALGONS

01/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STURN, M.D., DR. GARY  
Address: 631 PALM SPRINGS DR., SUITE 116  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete  
Name: FOSTER, ROBERT L  
Address: 631 PALM SPRINGS DR., SUITE 114  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DST ( ) Delete  
Name: GONZALEZ, GLADYS  
Address: 631 PALM SPRINGS DR, SUITE 108-109  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STURN, GARY MD  
Address: 631 PALM SPRINGS DR., SUITE 116  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: DST (X) Change ( ) Addition  
Name: FALGONS, GLADYS  
Address: 631 PALM SPRINGS DR, SUITE 108  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify 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: GLADYS FALGONS

SEC

01/30/2009

Electronic Signature of Signing Officer or Director

Date