

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