

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770599

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

631 PALM SPRINGS DR  
#108  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 59-2957874      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FALGONS, GLADYS  
631 PALM SPRINGS DRIVE  
SUITE 108  
ALTAMONTE SPRINGS, FL 32714 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** STURN, GARY MD  
**Address:** 631 PALM SPRINGS DR., SUITE 116  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** DST  
**Name:** FALGONS, GLADYS  
**Address:** 631 PALM SPRINGS DR, SUITE 108  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: GLADYS FALGONS

DST

04/02/2012

Electronic Signature of Signing Officer or Director

Date