


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90009 019 ****61.25

DOCUMENT # N02000005242					
1. Entity Name PSP CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3304 N. WESTMORELAND DRIVE ORLANDO, FL 32804		Mailing Address 3304 N. WESTMORELAND DRIVE ORLANDO, FL 32804		40010110	
2. Principal Place of Business 827 N. Ferncreek Ave Suite, Apt. #, etc.		3. Mailing Address 827 N. Ferncreek Ave Suite, Apt. #, etc.		01052005 Chg-NP CR2E037 (10/03)	
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 56-2282078	
Zip 32803		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, WILLIAM H 3304 N. WESTMORELAND DRIVE ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Larry Simmons Street Address (P.O. Box Number is Not Acceptable) 827 N. Ferncreek Ave City Orlando FL Zip Code 32803		
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 <u>Larry Simmons</u> <u>Larry Simmons</u> Secretary, Director <u>1/7/05</u> <small>Signature, typed 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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, WILLIAM H JR 3304 N. WESTMORELAND DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Zell, Chuck 741 N. Ferncreek Ave Orlando, FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director Larry Simmons 827 N. Ferncreek Ave Orlando, FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ROBINSON, WILLIAM H 2404 N RIO GRANDE AVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bryan Repple 835 N. Ferncreek Ave Orlando, FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandy Heller 837 N. Ferncreek Ave Orlando, FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, LARRY 827 N. FERNCREEK AVENUE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Larry Simmons</u> <u>Larry Simmons</u> <u>1/7/05</u> <u>321-741-1398</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					