


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90055 018 ****61.25

DOCUMENT # N02000005242			
1. Entity Name PSP CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 827 N FERNERCK AVE ORLANDO, FL 32803		Mailing Address 827 N FERNERCK AVE ORLANDO, FL 32803	
2. Principal Place of Business 835 N. Ferncreek Ave. Suite, Apt. #, etc.		3. Mailing Address 835 N. Ferncreek Ave. Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32803		Country USA	
4. FEI Number 56-2282078		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 SIMMONS, LARRY 827 N FERNCRECK AVE ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Amy Touchstone Street Address (P.O. Box Number is Not Acceptable) 835 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>Amy Touchstone</u> Signature, type or printed name of registered agent and title if applicable.		SIGNATURE <u>Amy Touchstone</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zell, Charles 841 N. Ferncreek Ave. Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT ROBINSON, WILLIAM H 2404 N RIO GRANDE AVE ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Smith, Jason 829 N. Ferncreek Ave. Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, LARRY 827 N. FERNCRECK AVENUE ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Touchstone, Amy 835 N. Ferncreek Ave. Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Amy Touchstone</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <u>Amy Touchstone</u> Date	
		02/15/06 407-497-1737 Daytime Phone #	

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