

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90028 034 ****61.25

DOCUMENT # N02000005242

1. Entity Name
 PSP CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 841 835 N FERNCREEK AVE
 ORLANDO, FL 32803

Mailing Address
 841 835 N FERNCREEK AVE
 ORLANDO, FL 32803

50001659



05172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2282078	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOUCHSTONE, AMY
 835 N FERNCREEK AVE
 ORLANDO, FL 32803

CHARLES ZELL
 841 N FERNCREEK AVE
 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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

Charles R. Zell

5-17-2007

Signature, title, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZELL, CHARLES
STREET ADDRESS	841 N FERNCREEK AVE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	VD
NAME	SMITH, JASON
STREET ADDRESS	829 N FERNCREEK AVE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	TD
NAME	TOUCHSTONE, AMY
STREET ADDRESS	835 N FERNCREEK AVE
CITY-ST-ZIP	ORLANDO, FL 32803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Charles R. Zell

CHARLES R. ZELL

5-17-2007

321-662-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #