## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005242

FILED Jan 08, 2009 Secretary of State

Entity Name: PSP CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 841 N FERNCREEK AVE ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 841 N FERNCREEK AVE ORLANDO, FL 32803 FEI Number: 56-2282078 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZELL, CHARLES 841 N FERNCREEK AVE ORLANDO, FL 32803 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ZELL, CHARLES Name: Name: Address: 841 N FERNCREEK AVE Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: SMITH, JASON Name: Address: 829 N FERNCREEK AVE Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: (X) Delete Title: () Change () Addition FOURAKER, AMY Name: Name: 835 N FERNCREEK AVE Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip:

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: CHARLES R. ZELL PD 01/08/2009