2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200005242

1. Entity Name

PSP CONDOMINIUM ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91358 048 ****61.25

		1140-					
Principal Place of Business 2404 N RIO GRANDE AVE ORLANDO FL 32904		Mailing Address 2404 N RIO GRANDE AVE ORLANDO FL 32804					
2. Principal Plac	e of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK H	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 56 - 22820	4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desir	- \$8.75 Ada		
	6. Name and Address of Curre	<u> </u> nt Registered Agent		7. Name and Address of N	<u>'</u>	<u> </u>	
			Name	_ 5,4 ,	The state of the s		
ROBBINSON, WILLIAM H			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
	GRANDE AVE		olieet Addi	CSS (1:0: DOX (Valider IS (Valider)			
orlando f	EL 32804		1				
			City		FL Zip Code	е	
	med entity submits this statement s of registered agent.	for the purpose of changing its	registered office or reg	gistered agent, or both, in the State of	of Florida. I am familiar with, a	and accept	
SIGNATURE	nature, typed or printed name of registered ago	ant and title if applicable. (NOTE:	: Registered Agent signature re	equired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribu			npaign Financing	\$5.00 May Be	Make Check Payable	to	
•		Trust Fund Co	ontribution.	Added to Fees F	lorida Department of S		
10.	OFFICERS AND I		ontribution.	Added to Fees F ADDITIONS/CHANGES TO OF	lorida Department of S	State	
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12. I hereby certify that the information supplied with his filling 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:

4/23/03

239 - 3033 (407) **(100) (100)**