2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000005736

FILED Nov 09, 2009 Secretary of State

Entity Name: THE PALM SPRINGS NORTH TOWN CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7900 NW 155TH STREET 5979 NW 151 ST 101

205

MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

P.O BOX 160718 7900 NW 155TH STREET HIALEAH, FL 33016

MIAMI LAKES, FL 33016

FEI Number: 20-4753225 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:

GRS MANAGEMENT INC LAW OFFICES OF LOURDES ARMENGOL, P.A.

7900 NW 155TH STREET 7850 NW 146 ST 205 424

MIAMI LAKES, FL 33016 US MIAMI LAKES, FL 33016 US

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: LOURDES ARMENGOL 11/09/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MARTINEZ, MIGUEL MARTINEZ, MIGUEL Name: Name: 7900 NW 155TH STREET 205 Address: 5979 NW 151 STREET SUITE 101 Address:

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33014

Title: VD Title: (X) Change () Addition () Delete VALENZUELA, MAYTEE Name: VALENZUELA, MAYTEE Name:

Address: 7900 NW 155TH STREET 205 Address: 5979 NW 151 STREET SUITE 101 City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete Title: T/S (X) Change () Addition MENDEZ JR., LOUIS MENDEZ JR., LOUIS Name: Name:

7900 NW 155TH STREET 205 5979 NW 151 STREET SUITE 101 Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33014

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: MIGUEL MARTINEZ PD 11/09/2009