

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90092 032 ****61.25

UBR 9009

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1. Entity Name
PALM SPRINGS TOWNMHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**655 W 68 ST. #2
HIALEAH FL 33014**

Mailing Address
**4445 WEST 16 AVE
SUITE 308
HIALEAH FL 33012**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-0754068**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOLINA, ARGELIO
655 W 68TH ST
APT 1
HIALEAH FL 33014**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Argelio Molina* **3/12/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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

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TITLE	NAME	TITLE	NAME
PD	MOLINA, ARGELIO		
655 W 68 ST, #1	HIALEAH FL 33014		
VD	STANCHIO, JORGE		
655 W 68 ST, #2	HIALEAH FL 33014		
STD	LOPEZ, RAFAEL		
655 W 68 ST, #11	HIALEAH FL 33014		

12. I hereby certify that the information supplied with this filing 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: **SIGNATURE REQUIRED**

Argelio Molina 3/12/03 305)823-1201

CR2E037 (10/02)