

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755910

Entity Name: PALM SPRINGS AT THE SPRINGS CONDOMINIUM
ASSOCIATION, INC.**FILED**
Mar 18, 2015
Secretary of State
CC2714803309**Current Principal Place of Business:**931 S. SEMORAN BLVD.
SUITE 214
WINTER PARK, FL 32792**Current Mailing Address:**931 S. SEMORAN BLVD.
SUITE 214
WINTER PARK, FL 32792 US**FEI Number: 59-2267872****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HARA MANAGEMENT INC.
931 S. SEMORAN BLVD. STE. 214
WINTER PARK, FL 32792 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T,D
Name	COLEMAN, JOANNE M
Address	P.O. BOX 1569
City-State-Zip:	SANFORD FL 32772

Title	S/D
Name	MULL, RONALD
Address	P.O. BOX 1569
City-State-Zip:	SANFORD FL 32772

Title	P/D
Name	LEVITI , JEANNETTE P TRUSTEE
Address	931 S. SEMORAN BLVD. SUITE 214
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	DIERCKS, MIA
Address	931 S. SEMORAN BLVD. SUITE 214
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	KIANVAR, SAEED
Address	931 S. SEMORAN BLVD. SUITE 214
City-State-Zip:	WINTER PARK FL 32792

I hereby 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 all other like empowered.

SIGNATURE: JEANNETTE P LEVITI TRUSTEE**PRESIDENT****03/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date