

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770599

**FILED**  
**Feb 28, 2024**  
**Secretary of State**  
**8076714619CC**

**Entity Name:** THE PALM SPRINGS SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

631 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

631 PALM SPRINGS DR  
#107  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number: 59-2957874**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRYANT, JEANETTA  
631 PALM SPRINGS DRIVE  
SUITE 107  
ALTAMONTE SPRINGS, FL 32714 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: JEANETTA BRYANT**

**02/28/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STURN, GARY MD  
Address 631 PALM SPRINGS DR., SUITE 116  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DST  
Name BRYANT, JEANETTA  
Address 631 PALM SPRINGS DR, SUITE 107  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name ELKINS, JENNIFER L ESQ.  
Address 631 PALM SPRINGS DRIVE  
SUITE 115  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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: JEANETTA BRYANT**

**SEC/TREASURER**

**02/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date