


**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N01000005248			24068764	
1. Entity Name PRINCESS CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708		Mailing Address 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708		
2. Principal Place of Business 13398 GULF LANE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 13398 GULF LANE <small>Suite, Apt. #, etc.</small>		
City & State MADEIRA BEACH, FL		City & State MADEIRA BEACH, FL		
Zip 33708		Country PINELLAS		
4. FEI Number 81-0658300		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04272004 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BLVD. SEMINOLE, FL 33772		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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____				
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MALKOVA, LENKA 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAVO ELDRIDGE 13398 GULF LANE, MADEIRA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FRY, PERRY 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MALKOVA LENKA 13398 GULF LANE, MADEIRA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MARCOSIO, VERONIKA 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROTONDO DAVID 13398 GULF LANE, MADEIRA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		4/29/04 (727) 539-8888		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Director Phone #</small>		