

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90322 018 ****61.25


14000633



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 81-0558300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # N01000005248
 1. Entity Name
PRINCESS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 13398 GULF LANE MADEIRA BEACH, FL 33708 US	Mailing Address 13398 GULF LANE MADEIRA BEACH, FL 33708 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HOFSTRA, PETER T
 8640 SEMINOLE BLVD.
 SEMINOLE, FL 33772**

DO NOT WRITE IN THIS SPACE

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 reinstating)
 DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME ELDRIDGE, BRAVO
STREET ADDRESS 13398 GULF LANE #302	CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE VPD	NAME LENKA, MALKOVA
STREET ADDRESS 13398 GULF LANE	CITY-ST-ZIP MADEIRA BEACH, FL 33708

*FRANKIE FRIEND
 13398 GULF LN #02
 MADEIRA BEACH, FL 33708*

TITLE STD	NAME ROTONDO, DAVID
STREET ADDRESS 13398 GULF LANE	CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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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 fees empowered.

SIGNATURE: *Elldridge Bravo* **ELDRIDGE BRAVO** 4/21/05 (727) 539-8888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #