

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005248

FILED
Apr 23, 2007
Secretary of State

Entity Name: PRINCESS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13398 GULF LANE
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

13398 GULF LANE
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 81-0558300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

ALL COUNTY PROPERTY MANAGEMENT
5922 9TH AVE N
ST PETERSBURG, FL 33710 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: SANDRA L FERRERA

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELDRIDGE, BRAVO
Address: 13398 GULF LANE #302
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VPD () Delete
Name: FRIEND, FRANKIE
Address: 13398 GULF LANE #302
City-St-Zip: MADEIRA BEACH, FL 33708

Title: STD () Delete
Name: ROTONDO, DAVID
Address: 13398 GULF LANE
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: FRIEND, FRANKIE
Address: 13398 GULF LANE #302
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VPD (X) Change () Addition
Name: KOVALESKI, JEFF
Address: 13398 GULF LANE
City-St-Zip: MADEIRA BEACH, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELDRIDGE BRAVO

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date