

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005982 (3)

1. Corporation Name

PRINCETON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 59-3294461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOROUSIS, NICHOLAS H
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33570

81 Name

FLORIDA LIFESTYLE MANAGEMENT

82 Street Address (P.O. Box Number is Not Acceptable)

c/o ROBERT E. GREENE

83

1904 CLUBHOUSE DRIVE

84 City

SUN CITY CENTER

FL

85

Zip Code
33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

May 7, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KELSEY, PATRICIA A	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY - ST - ZIP	SUN CITY CENTER FL 33570	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GASKILL, HAROLD B	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY - ST - ZIP	SUN CITY CENTER FL 33570	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FLINN, MILTON	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY - ST - ZIP	SUN CITY CENTER FL 33570	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REZNER, CHARLES	
1.3 STREET ADDRESS	526 PRINCETON GREENS COURT	
1.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, MARILYN	
2.3 STREET ADDRESS	544 PRINCETON GREENS COURT	
2.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573	
3.1 TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KUNARD, DAVE	
3.3 STREET ADDRESS	522 PRINCETON GREENS COURT	
3.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HARTMAN, WILLIAM	
4.3 STREET ADDRESS	524 PRINCETON GREENS COURT	
4.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRY, BURT	
5.3 STREET ADDRESS	532 PRINCETON GREENS COURT	
5.4 CITY - ST - ZIP	SUN CITY CENTER, FL 33573	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. L. REZNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

633-8421

Daytime Phone #

CR2E037 (12/95)