

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005982 (3)**

1. Corporation Name

PRINCETON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33570	Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-5914
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report 05/21/1996
21		26		4. FEI Number 59-3294461	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLORIDA LIFESTYLE MANAGEMENT C/O ROBERT E. GREENE 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZNER, CHARLES	1.2 NAME	
STREET ADDRESS	526 PRINCETON GREENS COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, MARILYN	2.2 NAME	
STREET ADDRESS	544 PRINCETON GREENS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	2.4 CITY-ST-ZIP	
TITLE	TDS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNARD, DAVE	3.2 NAME	
STREET ADDRESS	522 PRINCETON GREENS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, WILLIAM	4.2 NAME	
STREET ADDRESS	524 PRINCETON GREENS COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, BURT	5.2 NAME	
STREET ADDRESS	532 PRINCETON GREENS COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	CASCIATO, MARY ANNE
STREET ADDRESS		6.3 STREET ADDRESS	517 PRINCETON GREENS COURT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573

14. I do 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 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: *Charles Rezner* **CHARLES L. REZNER** 3/26/97 633-8421
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046394

CR2E037 (9/96)