

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 # N01623 (0)

1. Corporation Name

PRINCETONIAN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

LAND CAP PROP. SERV.
12000 SW 114 PL
MIAMI FL 33176

LAND CAP PROP. SERV.
12000 SW 114 PL
MIAMI FL 33176

3. Date Incorporated or Qualified

02/14/1984

3a. Date of Last Report

04/10/1995

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

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

STEPHEN SUITS
C/O LAND CAP PRO-ERTY SERVICES
12000 S.W. 114 PLACE
MIAMI FL 33032

81 Name

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

83

84 City

FL

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

Phillip Braden

Stephen Suits

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRADE, PHILLIP Braden
STREET ADDRESS 25061 SW 125 CT.
CITY-ST-ZIP MIAMI FL 33032

TITLE VPD ☐ DELETE

NAME JUSTUS, GARRET
STREET ADDRESS 12510 SW 251 TERR
CITY-ST-ZIP MIAI FL 33032

TITLE SD ☐ DELETE

NAME IGLESIAS, FERNANDO
STREET ADDRESS 12500 SW 251 TERR
CITY-ST-ZIP MIAMI FL 33032

TITLE TD ☐ DELETE

NAME FISCHER, MICHELE
STREET ADDRESS 25081 SW 125 CT.
CITY-ST-ZIP MIAMI FL 33032

TITLE D ☐ DELETE

NAME ABREU, ROLANDO
STREET ADDRESS 24991 SW 125 CT.
CITY-ST-ZIP MIAMI FL 33032

TITLE D ☐ DELETE

NAME BRAVO, DONOVAN
STREET ADDRESS 12591 SW 249 TERR
CITY-ST-ZIP MIAMI FL 33032

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Phillip Braden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)