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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33176-4412



3. Date Incorporated or Qualified
02/14/1984

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt # LAND CAP
22 PROPERTY SERVICES, INC.
23 13800 SW 144 Ave Road
24 Miami, FL 33186

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27 PROPERTY SERVICES, INC.
28 13800 SW 144 Ave Road
29 Miami, FL 33186
30

4. FEI Number

59-2390035

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

SUITS, STEPHEN
C/O LAND CAP PROPERTY SERVICES
12000 S.W. 114 PLACE
MIAMI FL 33032

81 Name

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

83 LAND CAP
PROPERTY SERVICES, INC.

84 City

13800 SW 144 Ave Road
Miami, FL 33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BRADEN, PHILLIP
STREET ADDRESS 25061 SW 125 CT.
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME JUSTUS, GARRET
STREET ADDRESS 12510 SW 251 TERR
CITY-ST-ZIP MIAMI FL 33032

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS VELAZQUEZ, JOSE
3.4 CITY-ST-ZIP 12511 SW 250 Terr.
MIAMI, FL 33032

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS BENNETT, THOMAS
5.4 CITY-ST-ZIP 24930 SW 126 Ct.
MIAMI, FL 33032

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

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 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:

PHILLIP BRADEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033028

CR2E037 (9/96)