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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01623

1. Corporation Name

PRINCETONIAN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

LAND CAP PROP. SERV.
13800 S.W. 144 AVE. ROAD
MIAMI FL 33186
US

Mailing Address

LAND CAP PROP. SERV.
13800 S.W. 144 AVE. ROAD
MIAMI FL 33186
US

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/14/1984

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

9. Name and Address of Current Registered Agent

**SUITS, STEPHEN
C/O LAND CAP PROPERTY SERVICES
13800 S.W. 144 AVE. ROAD
MIAMI FL 33186**

10. Name and Address of New Registered Agent

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

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 **BRADEN, PHILLIP**
STREET ADDRESS **25061 SW 125 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **VELAZQUEZ, JOSE**
STREET ADDRESS **12511 S.W. 250 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **BENNETT, THOMAS**
STREET ADDRESS **24930 S.W. 126 CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

NAME **VPD Ramirez, Frank**
STREET ADDRESS **12581 SW 248 Terr.**
CITY-ST-ZIP **Princeton, FL 33032**

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

NAME **SD Rivera, Carlos**
STREET ADDRESS **12500 SE 250 Terr.**
CITY-ST-ZIP **Miami, FL 33189**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-99

CR2E037 (11/98)

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