NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

## 1999 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

## FILED Apr 20, 1999 8:00 am Secretary of State

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Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.	2. Principal Pl	pal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed .			
State   City & City & State   City & City & State   City & Cit	21					02/14/1984			
City & State    City & State	Suite, Apt.	#, etc.	<b>├</b>				1 - 1 - F'		
Succession   Suc	22					38-2330003			
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  81 Name  22 Street Address (P.O. Box Number is Not Acceptable)  C/O LAND CAP PROPERTY SERVICES 13800 S.W. 144 AWE. ROAD  MAMI FL. 33186  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 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 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 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 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, 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, or both, in the State and the such accept the appointment as registered agent. The purpose of changing its registered agent of the purpose of change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered directors. I hereby accept the purpose of changing its registered agent of the purpose of changing its registered agent of the purpose of changing its registered agent of the purpose of the purpose of th	City & State	9	h '			5. Certifcate of Status Desired	•		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Addres	Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 N	May Be	
SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES 13800 S.W. 144 AVE. ROAD MIAMI FL. 33186  44	241	25	29 30	i] · _		Trust Fund Contribution Added to Fees			
SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES 13800 S.W. 144 AVE. ROAD MAMI FI. 33186  15. Pursuant to the provisions of Sections 817,0502 and 617,1508. Florids Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and members with and accept the obligations of, Section 617,0503, Florids Statules.  SIGNATURE Signature, Special printer familiar with and accept the obligations of, Section 617,0503, Florids Statules.  DOTE Repaired Agent signature required when institating)  DATE  12. OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTILE  PD  OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS IN 12.  INTILE  PD  ORDELTE  1.1 TITLE    Change   Addition   Addition   STREET ADDRESS		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
C/O LAND CAP PROPERTY SERVICES 13800 S.W. 144 AVE. ROAD  MAMI FI. 33186  44 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, Special or directors and country of sections of 17.0503 in 1617.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors and country of sections of 17.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors and country of sections of 17.0502 and 617.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors and country of sections of 17.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors and country of sections of 17.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors and country of sections of 17.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors and country of sections of 17.0503, Florida Statutes.  SIGNATURE  Signature, Special or directors. In the state appointment as registered and statutes.  SIGNATURE  Signature, Special or directors. In the purpose of changing its registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In hereby accept the appointment as registered defended directors. In his appointment as registered defended direc		· · · · · · · · · · · · · · · · · · ·		81	Name				
C/O LAND CAP PROPERTY SERVICES 13800 S.W. 144 AVE. ROAD  MAMI FL. 33186  4 City  FL. 83 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Floridal 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, Floridal Statutes.  SIGNATURE  Signature, Special or printed name of registered agent age	CHITC CTEDUEN			82	82 Street Address (P.O. Box Number is Not Acceptable)				
13800 S.W. 144 AVE. ROAD   34			, .		DE DIRECTADOROS (1.0. DOX Marries 10 Most recognition)				
MIAMI FL 33186    Victor   Vic				83	83				
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the aboven-amed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. INTIRE  12. OFFICERS AND DIRECTORS IN 12. INTIRE  25. OFFICERS AND DIRECTORS IN 12. INT				9.4	City		85 Zin C	ode	
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agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    22	11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes,	the above	-named corp	poration submits this statement for the purpose of cl	nanging its r	egistered	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD	SIGNATURE		AIOTE: Pa	cistanad Acet	t eigenstage require	ed when reinstation). DATE			
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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:



4-6-99