

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01623

1. Entity Name

PRINCETONIAN HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90045 019 ****61.25

Principal Place of Business

Mailing Address

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

LAND CAP PROP. SERV.
 13800 S.W. 144 AVE. ROAD
 MIAMI FL 33186-6765
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2390035

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Marlene Leon-Rubido, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
8500 W. Flagler St. A105
 City Miami FL Zip Code 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRADEN, PHILLIP	
STREET ADDRESS	25061 SW 125 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMIREZ, FRANK	
STREET ADDRESS	12581 SW 248 TERR	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FISCHER, MICHELE	
STREET ADDRESS	25081 SW 125 CT.	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, THOMAS	
STREET ADDRESS	24930 S.W. 126 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERA, CARLOS	
STREET ADDRESS	12500 SE 250 TERR	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADEN, PHILLIP	
STREET ADDRESS	25061 SW 125 CT	
CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, FRANK	
STREET ADDRESS	12581 SW 248 TERRACE	
CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, MICHELE	
STREET ADDRESS	25081 SW 125 CT	
CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, THOMAS	
STREET ADDRESS	24930 SW 126 COURT	
CITY-ST-ZIP	PRINCETON, FL 33032	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, CARLOS	
STREET ADDRESS	20279 OLD CUTLER RD	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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 #

CR2E037 (9/99)