

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 012 ****61.25

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01032007 Chg-NP CR2E037 (12/06)

| | | | | | |
|--|---|---|---|---|-----------------|
| DOCUMENT # N01623 1. Entity 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2390035 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LEON-RUBIDO, MARLENE ESQ 8500 W FLAGLER ST STE A-105 MIAMI, FL 33144 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRADEN, PHILLIP 25061 SW 125 CT. PRINCETON, FL 33032 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RAMIREZ, FRANK 12581 SW 248 TERR PRINCETON, FL 33032 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FISCHER, MICHELE 25081 SW 125 CT. PRINCETON, FL 33032 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JUSTUS, XXXXX 12510 SW 251 TERRACE PRINCETON, FL 33032 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RIVERA, CARLOS 20279 OLD CUTLER RD MIAMI, FL 33189 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAVO, DONAVAN 12591 SW 249 TERR PRINCETON, FL 33032 | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Phillip Braden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| | | | Date | | Daytime Phone # |