

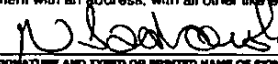


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-08-2005 90049 033 ****61.25

DOCUMENT # N03000007197			
1. Entity Name PRINCETON VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 516 W. PRINCETON STREET ORLANDO, FL 32804		Mailing Address 516 W. PRINCETON STREET ORLANDO, FL 32804	
2. Principal Place of Business 516 W. PRINCETON ST. Suite, Apt. #, etc.		3. Mailing Address 516 W. PRINCETON ST. Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO, FL	
Zip 32804	Country USA	Zip 32804	Country USA
4. FEI Number APPLIED FOR 20-0382259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAU, HOCHUEN 516 W. PRINCETON STREET ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Alex Sadowski Street Address (P.O. Box Number is Not Acceptable) 1514 E. 17th St. City Orlando State FL Zip Code 32801	
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  DATE 8/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		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	MR. LAU, HOCHUEN 516 W. PRINCETON STREET ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MISS NONI Sadowski 516 W. PRINCETON ST. ORLANDO, FL 32804. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. SNOWFAKE ROSEN. 516 W. PRINCETON ST. ORLANDO, FL 32804. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OGG YOUNG. (MR). 516 W. PRINCETON ST. ORLANDO, FL 32804. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Noni Sadowski		Date 7/20/2005 Daytime Phone # 407-607-8097	



ATTACHMENT

66026213

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 10, 2005

PRINCETON VILLAS CONDOMINIUM ASSOCIATION, INC.
518 W PRINCETON ST
ORLANDO, FL 32804

Subject: **PRINCETON VILLAS CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N03000007197**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS
ANNUAL REPORTS SECTION

*I apologize for
not having this
on there.
I have added to
the form!
Thank you!
Name*