


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000007197</b> 1. Entity Name <b>PRINCETON VILLAS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>518 W PRINCETON ST ORLANDO, FL 32804</b>	Mailing Address <b>518 W PRINCETON ST ORLANDO, FL 32804</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0382259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SADOWSKI, ALEX 1514 ILLINOIS ST ORLANDO, FL 32801</b>
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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)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000911320 05/07/08-80035-014 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MISS SADOWSKI, NANI 518 W PRINCETON ST ORLANDO, FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MS ROSEN, SNOWFLAKE 516 W PRINCETON ST ORLANDO, FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<b>MR YOUNG, OGE 516 W PRINCETON ST ORLANDO, FL 32804</b>
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/18/08</b> <small>Date</small>	<b>407-667-8697</b> <small>Daytime Phone #</small>
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