2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05373

1. Entity Name

THE PRINCESS CONDOMINIUM ASSOCIATION OF HUTCHINSON ISLAND, INC.



FILED Sep 06, 2006 8:00 am Secretary of State

09-06-2006 90034 016 ****61.25

Principal Place of Business Mailing Address]					
9650 SOUTI JENSEN BE	H OCEAN E	DRIVE	9650 SOUTH OC	9650 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957								
Principal Place of Business 3. Mailing Address								171 maio: Biido IIIII 1881		01811 BJ6# 181811	PISTILES EN CAM	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				2nd MOORE CR2E037 (4/06)					
City & State			City & State			4. FEI Number	59-251262	9	\rightarrow	Applied For		
Zip		Country	Zip Cou		ıntry	5. Certificate of S		tatus Desired		\$8.75 A	dditional	
6. Name and Address of Current F			Registered Agent	gistered Agent		7. Name and Address of New Registe			Registered /	ered Agent		
						Name						
BEYRER, RAY 9650 S OCEAN DR UNIT 203 \202 JENSEN BCH FL 34957					Street Address (P.O. Box Number is Not Acceptable)							
					City Pa Zip Code							
									FL	Zip Co		
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.												
oungations of registered again.												
SIGNATURE Signature, typoorf or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature rooxweed when remistating) DATE												
FILE NOW: FEE IS \$61.25 Due By September 6, 2006 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be Added to Fees	Flori	ake Checi da Depar	tment of	e to State	
10.		OFFICERS AND DIR	ECTORS	11.			ADDITIONS/CHAN	GES TO OFFICE	RS AND DIF	RECTORS II	V 10	
TITLE	VP		☐ Delete	e THTL	Ε					Change	☐ Addition	
NAME	SCELBA,			NAM	E :	1						
STREET ADDRESS	1			STRI	ET ADDRESS							
CITY-ST-ZIP	JENSEN B	EACH FL 34957		CITY	-ST-ZIP							
TITLE	S		☐ Delete	TITL	E		-			☐ Change	Addition	
NAME	HARTZELI			NAM	E .							
STREET ADDRESS	l e e e e e e e e e e e e e e e e e e e				EET ADDRESS							
CITY-ST-ZIP .		BEACH FL 34957			- ST - ZIP	<u></u> _						
TITLE	D		Delete	TITE	Ε	Be	ndever			Criange	Addition	
NAME	BRUDEVE			NAM	_	İ						
STREET ADDRESS	1	TH OCEAN DR, # 405			EET ADDRESS							
CITY-ST-ZIP	<u> </u>	EACH FL 34957			- ST- ZIP	ļ	****					
TITLE	P	3.4.4.4.0.4.D	☐ Delete							Change	e	
NAME	1	RAYMOND		NAM								
STREET ADDRESS CITY+ST-ZIP		TH OCEAN DR. #1203 EACH FL 34957			EET ADDRESS - ST - ZIP							
	D					ļ						
TITLE NAME	DIAZ, JOE	<u> </u>	☐ Delete	NAM						☐ Change	☐ Addition	
STREET ADDRESS		TH OCEAN DR, # 907			eet address							
CITY-ST-ZIP	1	EACH FL 34957			-ST-ZIP							
TISLE ·	 		☐ Delete							Change	Addition	
NAME .			ra seign	NAM						ு வன்க		
STREET ADDRESS					EE1 ADDRESS							
CITY-ST-ZIP	CITY-ST-ZIP C											
	-											

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 regeiver or trustee empoyered 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 attachnitate with an address, with all other like empowered.

SIGNATURE:

8/11/2006