

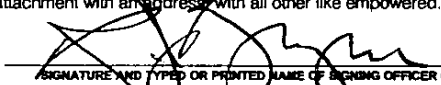


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 015 ****61.25

DOCUMENT # N05373 1. Entity Name THE PRINCESS CONDOMINIUM ASSOCIATION OF HUTCHINSON ISLAND, INC.					
Principal Place of Business 9650 SOUTH OCEAN DRIVE JENSEN BEACH, FL 34957			Mailing Address 9650 SOUTH OCEAN DRIVE JENSEN BEACH, FL 34957		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2512629	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEYRER, RAY 9650 S OCEAN DR UNIT 1203 JENSEN BCH, FL 34957			7. Name and Address of New Registered Agent 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, 2008		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	VP SCELBA, ANDREW 9650 S OCEAN DR., UNIT 705 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SHARON HARTZELL 9650 S OCEAN DR - UNIT 1708 Jensen Beach FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTZELL, GARY 9650 SOUTH OCEAN DR, UNIT 1708 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY FRIGO 9650 S OCEAN - UNIT 1205 Jensen Beach FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BENDEVER, WALT 9650 SOUTH OCEAN DR, # 405 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	← VICE PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEYRER, RAYMOND 9650 SOUTH OCEAN DR. #1203 JENSEN BEACH, FL 34957	<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	D DIAZ, JOE 9650 SOUTH OCEAN DR, # 907 JENSEN BEACH, FL 34957	<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	<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 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/25/08 Daytime Phone #					