

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N07000008753 1. Entity Name THE PRINCESS RESORT HOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 13899 BISCAYNE BOULEVARD SUITE 154 NORTH MIAMI BEACH, FL 33181			Mailing Address 13899 BISCAYNE BOULEVARD SUITE 154 NORTH MIAMI BEACH, FL 33181		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For (Not Applicable)	
6. Name and Address of Current Registered Agent SOUZA, SERGIO 13899 BISCAYNE BOULEVARD SUITE 154 NORTH MIAMI BEACH, FL 33181			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent Signature required when re-stating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	VD SOUZA, SERGIO 13899 BISCAYNE BOULEVARD #154 NORTH MIAMI BEACH, FL 33181	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LACERDA, HORACIO 13899 BISCAYNE BOULEVARD #154 NORTH MIAMI BEACH, FL 33181	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD PAIVA, LEANDRO 13899 BISCAYNE BOULEVARD #154 NORTH MIAMI BEACH, FL 33181	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	☐ 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: _____		01-16-08		(305) 341-3430	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	