

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**55 MAY - 1 AM 8:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N18310 (5)**

1. Corporation Name  
**PRINCETON PLACE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**C/O 80 SW 8TH STREET  
SUITE 2803  
MIAMI FL 33130  
US**

**330 SE 2ND AVE.  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business      2a. Mailing Address

21 **c/o T.R. Business Serv.**      26 **P.O. Box 50423**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22 **P.O. Box 50423**      27

City & State      City & State

23 **Lighthouse Pt., FL**      28 **Lighthouse Pt., FL**

Zip      County      Zip      County

24 **33074-0423** 25 **Broward**      29 **33074-0423** 30 **Broward**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report

**12/17/1986**      **10/17/1994**

4. FEI Number      Applied For

**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired       \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**GLEASON, BRUCE  
330 SE 2ND AVE.  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name **Tina DiCrescenzo**  
**T.R. Business Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**750 E. Sample Road**

83 **Suite 205**

84 City **Pompano Beach**      **FL**      85 Zip Code **33062**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Tina DiCrescenzo *Tina DiCrescenzo*      4/27/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLEASON, BRUCE
STREET ADDRESS	330 SE 2ND AVE.
CITY, ST, ZIP	DEERFIELD BEACH FL 33441
TITLE	VD
NAME	ZABIK, VINCENT
STREET ADDRESS	330 SE 2ND AVE.
CITY, ST, ZIP	DEERFIELD BEACH FL 33441
TITLE	SD
NAME	CALVACHE, GUIDO JR
STREET ADDRESS	330 SE 2ND AVE.
CITY, ST, ZIP	DEERFIELD BEACH FL 33441
TITLE	D
NAME	BUTLER, MIKE
STREET ADDRESS	330 SE 2ND AVE.
CITY, ST, ZIP	DEERFIELD BEACH FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Michael Hoffman	
13 STREET ADDRESS	390 S.E. 2nd Avenue - Unit J-1	
14 CITY, ST, ZIP	Deerfield Beach, FL 33442	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Peter DeGraff	
23 STREET ADDRESS	380 S.E. 2nd Avenue - Unit H-5	
24 CITY, ST, ZIP	Deerfield Beach, FL 33442	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Steve Esper	
33 STREET ADDRESS	360 S.E. 2nd Avenue - Unit F-1	
34 CITY, ST, ZIP	Deerfield Beach, FL 33442	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Michael Butler	
43 STREET ADDRESS	330 S.E. 2nd Avenue	
44 CITY, ST, ZIP	Deerfield Beach, FL 33442	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Dick White	
53 STREET ADDRESS	310 S.E. 2nd Avenue - Unit A-4	
54 CITY, ST, ZIP	Deerfield Beach, FL 33442	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael Hoffman, Pres.** *Michael Hoffman*      4/27/95      (305) 570-8828