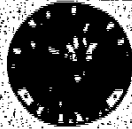


**FILE NOW: FILING FEE AFTER MAY 1 IS \$185.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 19 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N30842 (1)**

1. Corporation Name

**PRINCETON STREET GARDENS PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 7326  
FORT MYERS FL 33911-7326

P. O. BOX 7326  
FORT MYERS FL 33911-7326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1989 3a. Date of Last Report 04/29/1994  
4. FEI Number 65-0201900 Applied For Not Applicable

|                                |                        |                                                                                                                                                  |            |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                         |            |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                      |            |
| 22 City & State                | 27 City & State        | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required                                 |            |
| 23 Zip Country                 | 28 Zip Country         | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| 24 Zip                         | 25 Country             | 29 Zip                                                                                                                                           | 30 Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUNDSCHU, CHARLES C JR.  
8510 GRANITE COURT  
FORT MYERS FL 33908**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BUNDSCHU, CHARLES C JR. | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8510 GRANITE COURT      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FORT MYERS FL 33908     | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TD                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEARCE, HENRY           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8510 GRANITE COURT      | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FORT MYERS FL 33908     | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VSD                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSTON, JAMES C       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1705 COLONIAL BLVD. D-1 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | FORT MYERS FL 33907     | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 6.4 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 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

Date

813-481-0300

Daytime Phone #