

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000391 (2)

1. Corporation Name

PRINCETON/NARANJA COMMUNITY COUNCIL INC.



Principal Place of Business

**12414 S.W. 259 STREET
PRINCETON FL 33032**

Mailing Address

**PO BOX 924293
PRINCETON FL 33032
US**

3. Date Incorporated or Qualified
01/27/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, DANIEL
12414 S.W. 259 STREET
PRINCETON FL 33032**

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 617.0502 and 617.1508, 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 617.0503, 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** ☒ DELETE
NAME **STRYKER, KIM**
STREET ADDRESS **13070 S.W. 261 TERRACE**
CITY-ST-ZIP **PRINCETON FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **DANIEL ADAMS, DANIEL**
1.3 STREET ADDRESS **12414 S.W. 259 ST.**
1.4 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **VD** ☐ DELETE
NAME **ADAMS, DANIEL**
STREET ADDRESS **12414 SW 259 STREET**
CITY-ST-ZIP **PRINCETON FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **BETANCOURT, NINA**
2.3 STREET ADDRESS **24100 SW 123 AVE.**
2.4 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **D** ☐ DELETE
NAME **LECONTE, PHYLLIS**
STREET ADDRESS **26653 S.W. 125 CT.**
CITY-ST-ZIP **PRINCETON FL 33032**

3.1 TITLE **SD** ☒ Change ☒ Addition
3.2 NAME **SWEITZER, JERRY**
3.3 STREET ADDRESS **13460 SW 156 ST.**
3.4 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **SD** ☐ DELETE
NAME **BETANCOURT, NINA**
STREET ADDRESS **24100 SW 123 AVENUE**
CITY-ST-ZIP **PRINCETON FL**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **ALVAREZ, AL**
4.3 STREET ADDRESS **25520 SW 127 AVE.**
4.4 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **D** ☐ DELETE
NAME **MOORE, RALPH**
STREET ADDRESS **26550 S.W. 125 AVENUE**
CITY-ST-ZIP **PRINCETON FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **MOORE, RALPH**
5.3 STREET ADDRESS **26550 SW 125 AVE.**
5.4 CITY-ST-ZIP **PRINCETON, FL 33032**

TITLE **TD** ☐ DELETE
NAME **STEELE, BRIGET**
STREET ADDRESS **27051 S.W. 119 CT.**
CITY-ST-ZIP **PRINCETON FL**

6.1 TITLE **TD** ☐ Change ☐ Addition
6.2 NAME **STEELE, BRIGET**
6.3 STREET ADDRESS **27051 SW 119 CT.**
6.4 CITY-ST-ZIP **PRINCETON, FL 33032**

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 19.07(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 no address.

SIGNATURE:

DANIEL L. ADAMS

MAY 1, 1996

(305) 242-7700

EX. 7260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)