


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90006 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS							
<b>DOCUMENT # N94000000391</b>											
1. Corporation Name <b>PRINCETON/NARANJA COMMUNITY COUNCIL INC.</b>											
Principal Place of Business 13100 S W 260 STREET NARANJA FL 33032 US			Mailing Address PO BOX 924293 PRINCETON FL 33032 US								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/27/1994 4. FEI Number 65-0474234 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees							
9. Name and Address of Current Registered Agent <b>DODSON, BARBARA 13100 S W 260 STREET NARANJA FL 33032</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>								
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 TITLE PD <input type="checkbox"/> DELETE NAME DODSON, BARBARA STREET ADDRESS 13100 S W 260 STREET CITY-ST-ZIP NARANJA FL 33032 TITLE VP <input checked="" type="checkbox"/> DELETE NAME CRANER, DALE STREET ADDRESS 26330 S W 131ST ST CITY-ST-ZIP PRINCETON FL 33032 TITLE SD <input type="checkbox"/> DELETE NAME ANTHONY, LEN STREET ADDRESS 14820 NARANJA BLVD, APT P-H CITY-ST-ZIP HOMESTEAD FL TITLE TD <input type="checkbox"/> DELETE NAME DODSON, BARBARA STREET ADDRESS 13100 S W 260 STREET CITY-ST-ZIP NARANJA FL 33032 TITLE D <input type="checkbox"/> DELETE NAME DODSON, SIDNEY STREET ADDRESS 13100 S W 260 STREET CITY-ST-ZIP NARANJA FL 33032 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Barbara Dodson REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 305-2572945  
Date Daytime Phone #

CR2E037 (11/98)