


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90044 031 ****61.25

DOCUMENT # N94000002801 1. Entity Name PRINCETON PLACE AT GABLES END HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PHOENIX MANAGEMENT 4780 N STATE RD 7, STE E250 LAUDERDALE LAKES, FL 33319 US			Mailing Address C/O PHOENIX MANAGEMENT 4780 N STATE RD 7, STE E250 LAUDERDALE LAKES, FL 33319 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03292007 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0562751	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C/O PHOENIX MANAGEMENT 4780 N STATE RD 7, SUITE E250 LAUDERDALE LAKES, FL 33319			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD GRAS, ROBERT <input checked="" type="checkbox"/> Delete 8573 BINGHAMTON AVE BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAF, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8573 Binghamton Ave Boynton Beach, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERO, MARIO <input checked="" type="checkbox"/> Delete 4508 CONCORDIA LANE BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNER, TODD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4865 McCall Street Boynton Beach, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUBAKER, JOHN <input checked="" type="checkbox"/> Delete 4893 PURDINS DRIVE BOYNTON BEACH, FL 33436		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAMES, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4857 McCall Street Boynton Beach, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Todd Hayner</u> TODD HAYNER <u>4/4/07</u> 561-779-7750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					