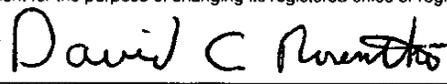


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90376 025 \*\*\*\*61.25

<b>DOCUMENT # N94000002801</b> 1. Entity Name <b>PRINCETON PLACE AT GABLES END HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PHOENIX MANAGEMENT                  4780 N STATE RD 7, STE E250                  LAUDERDALE LAKES, FL 33319 US</b>			Mailing Address <b>C/O PHOENIX MANAGEMENT                  4780 N STATE RD 7, STE E250                  LAUDERDALE LAKES, FL 33319 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>65-0562751</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KATZMAN &amp; KORR, P.A.                  1501 NORTHWEST 49TH STREET                  SUITE 202                  FORT LAUDERDALE, FL 33309</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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				4/29/2008 DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25                  Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAC ROBERT</b>		NAME		
STREET ADDRESS	<b>8573 BINGHAMTON AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAYNER, TODD</b>		NAME		
STREET ADDRESS	<b>4865 MCGILL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAMES, WILLIAM</b>		NAME		
STREET ADDRESS	<b>4857 MCCAILL STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:				4/29/2008 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	