

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002801

FILED
Apr 29, 2009
Secretary of State

Entity Name: PRINCETON PLACE AT GABLES END HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT
4780 N STATE RD 7, STE E250
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

C/O PHOENIX MANAGEMENT
3082 JOG ROAD
LAKE WORTH, FL 33467 US

Current Mailing Address:

C/O PHOENIX MANAGEMENT
4780 N STATE RD 7, STE E250
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

C/O PHOENIX MANAGEMENT
3082 JOG ROAD
LAKE WORTH, FL 33467 US

FEI Number: 65-0562751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PHOENIX MANAGEMENT SERVICES
3082 JOG ROAD
LAKE WORTH, FL 33467 US

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.

SIGNATURE: DAVID ROSENTHAL

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GRAF, ROBERT
Address: 8573 BINGHAMTON AVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: HAYNER, TODD
Address: 4865 MCGILL STREET
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: DAMES, WILLIAM
Address: 4857 MCCAILL STREET
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAMES, WILLIAM
Address: 4857 MCGILL STREET
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SC (X) Change () Addition
Name: DAVIS, ANN
Address: 4882 MCGILL STREET
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD (X) Change () Addition
Name: THOMPSON, BLOSSOM
Address: 4909 PURDUE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DAMES

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date