

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 13, 2009**  
**Secretary of State**

DOCUMENT# N94000002801

**Entity Name:** PRINCETON PLACE AT GABLES END HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O PHOENIX MANAGEMENT  
3082 JOG ROAD  
LAKE WORTH, FL 33467 US**New Principal Place of Business:**DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD STE F  
LAKE WORTH, FL 33467 US**Current Mailing Address:**C/O PHOENIX MANAGEMENT  
3082 JOG ROAD  
LAKE WORTH, FL 33467 US**New Mailing Address:**DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD STE F  
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:**PHOENIX MANAGEMENT SERVICES  
3082 JOG ROAD  
LAKE WORTH, FL 33467 US**Name and Address of New Registered Agent:**DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD  
STE F  
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: PHILIP FARNHILL

07/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** DAMES, WILLAM  
**Address:** 4857 MCGILL STREET  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** SC ( ) Delete  
**Name:** DAVIS, ANN  
**Address:** 4882 MCGILL STREET  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** TD ( ) Delete  
**Name:** THOMPSON, BLOSSOM  
**Address:** 4909 PURDUE DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33436**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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

07/13/2009

Electronic Signature of Signing Officer or Director

Date