


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 036 ****61.25

DOCUMENT # N94000005982 1. Entity Name PRINCETON CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3294461		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DEFURIO, JAMES R ESQ 201 E. KENNEDY BLVD. SUITE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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	PD HARTMAN, WILLIAM 524 PRINCETON GREENS CT SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rooney, Eileen 516 Princeton Greens Dr. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, MARILYN 544 PRINCETON GREENS DRIVE SUN CITY CENTER, FL 33573 <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	TD HALL, GEORGE JR 515 PRINCETON GREENS CT. SUN CITY CENTER, FL 33573 <input checked="" 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	SD LEWIS, KAY 545 PRINCETON GREENS DRIVE SUN CITY CENTER, FL 33573 <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	D LOWE, PEARL 511 PRINCETON GREENS CT. SUN CITY CENTER, FL 33573 <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>William F. Hartman</u> <u>3-9-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date Daytime Phone #</small>						

40071689



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3294461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEFURIO, JAMES R ESQ
201 E. KENNEDY BLVD.
SUITE 1460
TAMPA, FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARTMAN, WILLIAM
524 PRINCETON GREENS CT
SUN CITY CENTER, FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANDERSON, MARILYN
544 PRINCETON GREENS DRIVE
SUN CITY CENTER, FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HALL, GEORGE JR
515 PRINCETON GREENS CT.
SUN CITY CENTER, FL 33573 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LEWIS, KAY
545 PRINCETON GREENS DRIVE
SUN CITY CENTER, FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOWE, PEARL
511 PRINCETON GREENS CT.
SUN CITY CENTER, FL 33573 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
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CITY-ST-ZIP
TD
Rooney, Eileen
516 Princeton Greens Dr.
Sun City Center, FL 33573 ☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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SIGNATURE:

William F. Hartman

3-9-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #