

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000005883 (2)**

1. Corporation Name

**PRINCETON HOUSE, INC.**



Principal Place of Business

Mailing Address

**1424 LEEWAY AVENUE  
ORLANDO FL 32810**

**1424 LEEWAY AVENUE  
ORLANDO FL 32810**

3. Date Incorporated or Qualified

**12/14/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 630 WEST PRINCETON ST.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23 Orlando FL**

**28**

Zip

Country

Zip

Country

**24 32804**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUCKER, CAROL B  
1424 LEEWAY AVENUE  
ORLANDO FL 32810**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD  
TUCKER, CAROL B**  
STREET ADDRESS **1424 LEEWAY AVENUE**  
CITY - ST - ZIP **ORLANDO FL 32810**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD  
COX, BEVERLY**  
STREET ADDRESS **9201 MCDAVID COURT**  
CITY - ST - ZIP **WINDERMERE FL 34788**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **TD  
GUEST, CLAUDIA**  
STREET ADDRESS **7625 MEADOWGLEN DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32810**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **SD  
PODVIN, JUDEE S**  
STREET ADDRESS **6608 ANDREA ROSE DRIVE**  
CITY - ST - ZIP **ORLANDO FL 32835**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carol B. Tucker, President* **CAROL B. TUCKER**

**2/22/96**

**407-245-7550**  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)