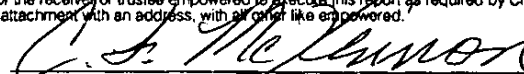


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-02-2006 90004 010 ****70.00

DOCUMENT # N96000005442 1. Entity Name NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORATION		
Principal Place of Business 12789 SW 280TH STREET NARANJA, FL 33032 US	Mailing Address 12789 SW 280TH STREET NARANJA, FL 33032 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCKINNON, CHARLES 12789 SW 280TH STREET PRINCETON, FL 33032		DO NOT WRITE IN THIS SPACE
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 renewing)		
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO HARRIS, SALLIE 26620 SW 138TH AVE NARANJA, FL 33032	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MURRILLO, MARJORIE 26620 SW 122TH PLACE MIAMI, FL 33032	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED MCKINNON, CHARLES 8600 SW 212TH ST, #304 MIAMI, FL 33189	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARIT, CRAIG 13264 SW 255TH TERRACE NARANJA, FL 33032	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, DIANE 26227 SW 139TH CT NARANJA, FL 33032	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORROW, PAUL 13495 SW 260TH STREET NARANJA, FL 33032	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

07262006 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1533092	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

Date Daytime Phone #