

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # N97000004969

1. Entity Name
**PRINCETON OAKS COMMERCE PARK OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**3614 PRINCETON OAKS STREET
ORLANDO, FL 32808 US**

Mailing Address
**3614 PRINCETON OAKS STREET
ORLANDO, FL 32808 US**



03142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3519412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BECHTOLD, LARRY
3614 PRINCETON OAKS STREET
ORLANDO, FL 32808**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

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	DP BECHTOLD, LARRY 3614 PRINCETON OAKS STREET ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BANKS, GERALD 1920 COMMERCE OAK AVE. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROGERS, MIKE 3640 PRINCETON OAKS ST. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHAMBERLAIN, DEBORAH 4105-A 34TH ST. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/07-80010-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Larry Bechtold 03/22/07 407-296-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #