


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000005584 1. Entity Name PRINCETON PLACE OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 1312 LORI DRIVE SPRING HILL, FL 34606	Mailing Address 1312 LORI DRIVE SPRING HILL, FL 34606
---	---



04182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3444670	Applied For Not Applicable
5. Certificate of Status Desired... <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SASSER, DAVID C 29 S BROOKSVILLE AVE BROOKSVILLE, FL 34601
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 <u>Beatriz M. Nunag</u> <small>Signature typed or printed name of registered agent and title if applicable</small>	<u>4/29/06</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISSENETTE, LEONARD L 12054 ROYAL DRIVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNAG, CLEMENTE P 1312 LORI DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNAG, BEATRIZ M 1312 LORI DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABASA, BENJAMIN S 719 BENTON AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563655 05/20/06-80020-015 70.00  <b>DO NOT WRITE IN THIS SPACE</b>
---

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>Beatriz M. Nunag</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/29/06</u> <small>Date</small> <u>68-202V</u> <small>Daytime Phone #</small>