


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90239 050 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 10222 Yale Ave.		3. Mailing Address 10222 Yale Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brooksville FL		City & State Brooksville, FL		4. FEI Number 59-3444670	
Zip 34613		Country USA		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			7. Name and Address of New Registered Agent 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 <u>Beatriz M. Nunag</u> DATE <u>4/5/07</u> <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, 2007		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	D BISSONNETTE, LEONARD L 12054 ROYAL DRIVE BROOKSVILLE, FL 34601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10222 Yale Ave Brooksville, FL 34613	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10222 Yale Ave Brooksville, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABASA, BENJAMIN S 719 BENTON AVE BROOKSVILLE, FL 34601		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	
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>Beatriz M. Nunag</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/5/07</u> 382 238 3908 <small>Daytime Phone #</small>		