

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000005584

1. Entity Name
PRINCETON PLACE OWNERS ASSOCIATION, INC.



Principal Place of Business
10222 YALE AVE
BROOKSVILLE, FL 34613

Mailing Address
10222 YALE AVE
BROOKSVILLE, FL 34613

FILED
Sep 15, 2008 08:00 AM
Secretary of State



08182008 No Chg-NP

CR2E037 (4/06)

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

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000959725
09/15/08-80004-006 61.25

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 10222 YALE AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNAG, BEATRIZ M 10222 YALE AVE BROOKSVILLE, FL 34613
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	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/08