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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600005442

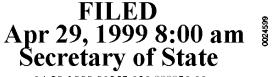
1. Corporation Name

NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORAT ION

Principal Place of Business	į
24420 SOUTH DIXIE HWY PRINCETON FL 33032	
110:	

Mailing Address

24420 COLITH DIVIE HMY



04-29-1999 90257 030 ****70.00

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PRINCETON FI				ICETON FL 33032								
2. Principal P	lace of Business	N/A	<u> </u>	Mailing Address	—— Դ		3	Date Incorporated 10/21/1996	or Qualifed			
Suite, Apt.	# etc		26	Suite, Apt. #, etc.	.1		4	FEI Number	· · · · · ·	· ·	. I A	pplied For
22	<i>m</i> , 610.		27	ounto, ripii ii, oto.				31-1533092		•	· - -	ot Applicable
City & Stat	e			City & State			_ 5	i. Certifcate of Status	Desired	X .	\$8.75	Additional equired -
Zip		Country		ip.	Country		- 6	Election Campaign	Financing	_		May Be
24	25		29	30	¬ ´		"	Trust Fund Contrib	_		•	to Fees
	 	Address of Current					10). Name and Addres		egistered	Agent	
					81	Name)	N/A	. ,	•		
MCKINNO	N, CHARLES				82	Street	Address (P.O. Box Number is	Not Accepte	hleì		
	UTH DIXIE HW	γ.`			62	Sileet	Muuless ((F.O. DOX NUMBER IS	Not Accepta	oic,		
	N FL 33032				83							
K I MINOLIN	711 I L 00002	·						F 9			ne Zin	Code
· • •					84	City			1.1	FL	85 Zip	Code
office or r	edistered agent i	or both, in the State o	it Florida.	7.1508, Florida Statutes, Such change was auth section 617.0503, Florid	ionzea ov	the corb	d corporation is b	on submits this stater board of directors. I h	nent for the ereby accep	purpose of t the appoi	changing in ntment as r	s registered egistered
SIGNATURE	Signature, typed or prin	nted name of registered agent	and title if a	pplicable. (NOTE: Re		nt signature	required when			DATE		
12.		OFFICERS AND	DIREC		13.			ADDITIONS/CHANG				
ΠLE	Ρ	<u> </u>		☐ DELETE	1.1 TITLE	•	Exec	utive Direct	or ·	•	Change	Addition
NAME	ALVAREZ, ALF	<u> </u>			1.2 NAME			rles Makin				
STREET ADDRESS	25520 SW 12				1.3 STREE	TADDRESS	12442	os Oxie H	2322			
CITY-ST-ZIP	naranja fl	33032		=7	1,4 CITY-S	T-ZIP		ceton, Fl	22072		155 01	□ A J J'at
TITLE	V	+		☐ DELETE	2.1 TITLE		Traca	surer:			Change	☐ Addition
NAME	HARRIS, SALL				2.2 NAME		Morr	row Paul	S+		•	
STREET ADDRESS	26620 SW 13	-	*		2.3 STREE	FADDRESS	13 49	5 SW 25044				
CITY-ST-ZIP	NARANJA FL	33032			2. 4 CITY-S	ST-ZIP	Nara	inya, Fl 3	3032			
TITLE	S		,	DELETE .	3.1 TTTLE		Text.	retary		•	Change	Addition
NAME	MORROW, PA	NUL ·,			3.2 NAME			10A Adica	_	٠		
STREET ADDRESS	13495 SW 266	OTH STREET		• -	3.3 STREE	ADDRESS	1733	34 SW 1081	rh C+			
CITY-ST-ZIP	naranja fl	33032		_	3.4. CITY-5	T-ZIP		anga, Fl 3	3157			
TITLE	D	•		□ DELETE	4.1 TITLE			, ,			Change	☐ Addition
NAME	SMITH, DIANE				4.2 NAME		}					
STREET ADDRESS	26227 SW 139	9TH CT.			4.3 STREE	TADORESS	3					
CITY-ST-ZIP	NARANJA FL	33032			4.4 CITY-S	T- ZIP	ļ					
TTLE	D			□ DELETE	5.1 TITLE						Change	Addition
NAME	TAYLOR, JOS	EPH .			5.2 NAME							
STREET ADDRESS	26515 SW 138	8TH AVE.			5.3 STREE	FADDRESS	;					
CITY-ST-ZIP	NARANJA FL	33032		<u> </u>	5.4 CITY-S	T-ZIP			· · · · · · · · · · · · · · · · · · ·	•		
TITLE	D ·		•	☐ DELETE	6.1 TITLE			,	,		☐ Change	☐ Addition
NAME	CRANER, DAL	Æ			6.2 NAME							
STREET ADDRESS					6.3 STREE	FADDRESS	i			•		
CITY-ST-ZIP	PRINCETON F				6.4 CITY-S	T-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #