2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005442

1. Entity Name
NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
12789 SW 280TH STREET NARANJA, FL 33032 US	12789 SW 280TH STREET NARANJA, FL 33032 US

06112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1533092
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNON, CHARLES
12789 SW 280TH STREET
PRINCETON, FL 33032

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: C. F. McKinnon 6/19/04
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 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000162796
06/23/04-80001-002 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, SALLIE
STREET ADDRESS	26620 SW 138TH AVE
CITY-ST-ZIP	NARANJA, FL 33032
TITLE	V
NAME	MURRILLO, MARJORIE
STREET ADDRESS	26620 SW 122TH PLACE
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	ED
NAME	MCKINNON, CHARLES
STREET ADDRESS	8600 SW 212TH ST, #304
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	D
NAME	CLARIT, CRAIG
STREET ADDRESS	13264 SW 255TH TERRACE
CITY-ST-ZIP	NARANJA, FL 33032
TITLE	S
NAME	SMITH, DIANE
STREET ADDRESS	26227 SW 139TH CT
CITY-ST-ZIP	NARANJA, FL 33032
TITLE	T
NAME	MORROW, PAUL
STREET ADDRESS	13495 SW 260TH STREET
CITY-ST-ZIP	NARANJA, FL 33032

DO NOT WRITE IN THIS SPACE

12. 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 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: C. F. McKinnon 6/19/04 (305)258-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #