

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24488 (1)

1. Corporation Name
PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 265 AIRPORT ROAD SOUTH NAPLES FL 33942	Mailing Address 265 AIRPORT ROAD SOUTH NAPLES FL 33942
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/25/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0040195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**R & P MANAGEMENT ASSOCIATES
265 AIRPORT RD SOUTH
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Allen Conroy* (NOTE: Registered Agent signature required when reinstating) DATE: 4/14/95

12. OFFICERS AND DIRECTORS

TITLE PD	NAME TRUBAC, CHARLES, M.
STREET ADDRESS 380 HORSE CREEK DR. #502	CITY-ST-ZIP NAPLES FL 33963
TITLE SD	NAME KNIES, GEORGE C.
STREET ADDRESS 340 HORSE CREEK DR #204	CITY-ST-ZIP NAPLES FL
TITLE ATD	NAME WEAVER, SCOTT
STREET ADDRESS 300 HORSE CREEK DR #204	CITY-ST-ZIP NAPLES FL
TITLE TD	NAME ROSE, DONALD E.
STREET ADDRESS 300 HORSE CREEK DRIVE #306	CITY-ST-ZIP NAPLES FL 33963
TITLE VPD	NAME TRAVERNA, COMINC J.
STREET ADDRESS 320 HORSE CREEK DR #206	CITY-ST-ZIP NAPLES, FL
TITLE D	NAME MKROS, ZACHARIA
STREET ADDRESS 340 HORSE CREEK DR #206	CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRISS, JOE
3.3 STREET ADDRESS	4803 1ST AVE NW
3.4 CITY-ST-ZIP	NAPLES, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *[Signature]* DATE: 4/14/95