

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 01/25/1988  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0040195  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing state)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TRUBAC, CHARLES, M. 380 HORSE CREEK DR. #502 NAPLES FL 33963	<input type="checkbox"/> DELETE	11 TITLE D ATHENA THEODORE 380 HORSE CREEK DR #106 NAPLES, FL. 33963
TITLE	SD KNIES, GEORGE C. 340 HORSE CREEK DR #204 NAPLES FL	<input checked="" type="checkbox"/> DELETE	21 TITLE VP GEORGE ANDRE FINGER 320 HORSE CREEK DR. #403 NAPLES, FL. 33963
TITLE	D CRISS, JOE 4803 1ST AVE NW NAPLES FL	<input checked="" type="checkbox"/> DELETE	31 TITLE T WILLIAM OOME 320 HORSE CREEK DR. #301 NAPLES, FL. 33963
TITLE	TD ROSE, DONALD E. 380 HORSE CREEK DRIVE #306 NAPLES FL 33963	<input checked="" type="checkbox"/> DELETE	41 TITLE S KATHLEEN SANLEY 380 HORSE CREEK DR. #107 NAPLES, FL. 33963
TITLE	VPD TRAVERNA, COMINIC J. 320 HORSE CREEK DR #206 NAPLES, FL	<input checked="" type="checkbox"/> DELETE	51 TITLE D BARRY BOVEY 320 HORSE CREEK DR. #504 NAPLES, FL 33963
TITLE	D MIKROS, ZACHARIA 340 HORSE CREEK DR #206 NAPLES FL	<input checked="" type="checkbox"/> DELETE	61 TITLE D JAN LIVERO 380 HORSE CREEK DR. #302 NAPLES, FL 33963

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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)(k), 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: *William A. Criss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/4/96  
(941) 592-7457  
Date  
Office Phone #

CR2E037 (12/95)