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

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997

FLORIDA DEPARTMENT OF STATE

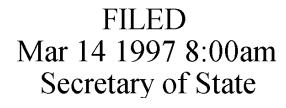
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N24488

## PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS A SSOCIATION, INC.





Principal Place of Business		Mailing Address								
265 AIRPORT I NAPLES FL 33		265 AIRPORT ROAD SOU NAPLES FL 34104-3518	TH							
					3. Date	Incorporated or Qualified 01/25/1988	3a. Date of t	ast Rec 12/199	ort 6	
	ace of Business	2a. Mailing Address			4. FEI N	lumber <b>65-0040195</b>			lied For	
Suite, Apt.	# etc	Suite, Apt. #, etc.				¢0.75				
22	m, 010.	27			5. Certif	licate of Status Desired	Fee Required			
City & State		City & State			6. Electi	ion Campaign Financing				
23		28		Lea I		Fund Contribution		dded to		
Zip 24	Country Z <sub>1</sub> p Country 25 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	9. Name and Address of Current		1901			e and Address of New Re				
				1 Namo	!					
	MANAGEMENT ASSOCIATES		E	12 Street	Address (P.O. Bo	ox Number is Not Acceptab	ole)	-		
	PORT RD SOUTH		_	33						
NAPLES	FL 33942									
			8	4 City			FI 85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 617.050?	and 617.1508, Florida Statu	tes, the abo	ve-name	d corporation subr	mits this statement for the p	ourpose of chang	ging its:	registered	
office or re agent. I a	o the provisions of Sections 617.050? egistered agent, or both, in the State o m familiar with, and accept the obligat	f Florida. Such change was ions of, Section 617.0503, Fl	authorized orida Statu	by the co les.	rporation's board	of directors. I hereby accep	ot the appointme	ent as re	gistered	
SIGNATURE										
12.	Signature, typed or printed name of registered agent			Agent signatur	e required when reinstat	<del></del>	DATE DEDO AND DIDE	21012	161.40	
TITLE	OFFICERS AND	DELETE	13. 1.1 TiTL		ADDIT	IONS/CHANGES TO OFFIC	CHS AND DIRE		Addition	
NAME	TRUBAC, CHARLES, M.	ÇAI DECEN	1.2 NAM					ungo	rodition	
STREET ADDRESS	380 HORSE CREEK DR. #502			ET ADDRESS						
CITY-ST-ZIP	* '	NAPLES FL 33963		- ST - ZIP	Ì					
TITLE	D	DELETE	2.1 TITL				⊠ Ci	range	Addition	
NAME	ATHENA, THEODORE	2.2 N		E						
STREET ADDRESS	380 HORSE CREEK DR 108		2.3 STREET ADDRESS							
CITY-\$T-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP			· ·				
TITLE	VP.	☐ DELETE		E	VPT		<b>⊠</b> Ch	iange	Addition	
NAME	ANDLEFINGER, GEORGE		3.2 NAM	IE.	ļ					
STREET ADDRESS	320 HORSE CREEK DR 403		- 1	EET ADDRESS	1					
CITY-\$1-ZIP	NAPLES FL	<b>₩</b> DELETE	3.4. C(T)	/-ST-ZIP	<del></del>		□ Cł	2000	Addition	
TITLE	ODME MULIMA	<b>∠</b> VELCH						ange	Mudition	
NAME STREET ADDRESS	ORME, WILLIAM 320 HORSE CREEK DR 301		4. 2 NAM	AE EET ADDRESS	1					
CITY-ST-ZIP	NAPLES FL		•	- ST- 71P	1					
TITLE	S	DELETE	5.1 TITL		52		☐ Cr	ange	Addition	
NAME	STANLEY, KATHLEEN	• •	5.2 NAV		MANY HIM	JES JESEX DR. 105			-	
STREET ADDRESS	380 HORSE CREEK DR 107		5 3 STR	ET ADDRESS						
CITY-ST-ZIP	NAPLES FL		5.4 CITY	-ST-ZIP	NAPLES FL	<u> </u>				
TITLE	D	☐ DELETE	61 TITL	F	PO		⊠ ct	lange	Addition	
NAME	BOVEY, BARRY	1	6.2 NAM	£						
STREET ADDRESS	320 HORSE CREEK DR 504	/	6.3 STR	ET ADDRESS						
CITY-ST-ZIP	NAPLES FL	( )		- ST - ZIP		140.07(0)() [:-:::::::::::::::::::::::::::::::::::	- 16 ab	- 41-		
informatio	by certify that the information supplied in indicated on this annual report or su	oplemental annual report is t	true and ac	curate an	d that my signatur	e shall have the same lega	l effect as if ma	de unde	er oath: that i	
l am an of appears ir	ficer or director of the corporation or the Block 12 or Block 13 if charigeri, or c	ne receiver or trustee empov on an altachment with an add	vered to ex dress.	ecute this	report as required	t by Chapter 617, Fiorida S	tatutes; and tha	l my nar	ทอ	