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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 65-0040195  
Applied For: Not Applicable

21. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	27. City & State	7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip: 34104	28. Zip: 34104	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: 34104

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ATHENA, THEODORE 380 HORSE CREEK DR 108 NAPLES FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPT ANDLEFINGER, GEORGE 320 HORSE CREEK DR 403 NAPLES FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HINES, NANCY 340 HORSE CREEK DR 105 NAPLES FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD BOVEY, BARRY 320 HORSE CREEK DR 504 NAPLES FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FRANK HEAVY
STREET ADDRESS		5.3 STREET ADDRESS	200 HORSEACK DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL. 34110
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BENJAMIN JACOMET
STREET ADDRESS		6.3 STREET ADDRESS	220 HORSEACK DR. #102
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES, FL. 34110

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.

SIGNATURE: George Andlefinger DATE: 3/4/98  
SIGNATURE AND ZIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)

941-643-3353