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04-27-1999 90148 040 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999

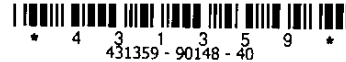


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24488

1. Corporation Name

PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

265 AIRPORT ROAD SOUTH
 NAPLES FL 34104
 US

Mailing Address

265 AIRPORT ROAD SOUTH
 NAPLES FL 34104
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

01/25/1988

4. FEI Number

65-0040195

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

R & P MANAGEMENT ASSOCIATES
 265 AIRPORT RD SOUTH
 NAPLES FL 34104

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D**
ATHENA, THEODORE
 STREET ADDRESS **380 HORSE CREEK DR 108**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **VPT**
ANDLEFINGER, GEORGE
 STREET ADDRESS **320 HORSE CREEK DR 403**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **SD**
HINES, NANCY
 STREET ADDRESS **340 HORSE CREEK DR 105**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **PD**
BOVEY, BARRY
 STREET ADDRESS **320 HORSE CREEK DR 504**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE

NAME **D**
HEALEY, FRANK
 STREET ADDRESS **300 HORSE DR**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE DELETE

NAME **D**
ZACK MIKROS
 STREET ADDRESS **340 HORSE CREEK DR 206**
 CITY-ST-ZIP **NAPLES, FL 34110**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **PD** Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **PD** Change Addition

3.2 NAME **HOWARD GUNTER**
 3.3 STREET ADDRESS **320 HORSE CREEK DR 202**
 3.4 CITY-ST-ZIP **NAPLES FL 34110**

4.1 TITLE **PD** Change Addition

4.2 NAME **JACQUELINE DOWERS**
 4.3 STREET ADDRESS **300 HORSE CREEK DR 504**
 4.4 CITY-ST-ZIP **NAPLES, FL 34110**

5.1 TITLE **SD** Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris **KATHERINE HARRIS, JR.** 4-22-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)