2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24488 1. Entity Name

PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS A

Principal Place of Business 265 AIRPORT ROAD SOUTH NAPLES FL 34104 US		Mailing Address) SOUTH			
		NAPLES FL 34104-3 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6	Name and Address of Cu	rrent Registered Agent				

FILED Mar 15, 2000 8:00 am Secretary of State 03-15-2000 90036 023 ****61.25



TITLE D Change Addition S Addition S Addition S Addition S Addition S AME ZACH MIKROS			,							
City & State City & State City & State City & State Country Zip Country Zip Country A. Certificate of Status Deleved Status Deleved Five Required R & P MANAGEMENT ASSOCIATES 285 AltPORT RD SOUTH NAPLES R . 34110 City FL ADDITIONS/CHANGES of New Registered Agent FL ADDITIONS/CHANGES of New Registered Agent City FL ADDITIONS/CHANGES of New Registered Agent City FL ADDITIONS/CHANGES of New Registered Agent City FL ADDITIONS/CHANGES of New Registered Agent AND Added to Fee Make Check Payable to Department of State Department of State Department of State Department of State AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE AND LEFRINGER, GEORGE AND LEFRINGER, GEORGE AND LEFRINGER, GEORGE MAKE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 Delete THE AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 CONTY-1-2P AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 Delete THE AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 CONTY-1-2P AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 CONTY-1-2P AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 CONTY-1-2P AND LEFRINGER, GEORGE STRET ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 10 CONTY-1-	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			7) 1,155,170, 070, 1761, 4141, 4151, 1761, 181, 181, 181, 181, 181, 181, 181, 1			
Description	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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R & P MANAGEMENT ASSOCIATES 285 AIRPORT RD SOUTH NAPLES FL 341104 8. The above numed entity submits this statement for the purpose of changing its registered agent, or born, in the state of Forda. SIGNATURE Signature hose or prefere neme of registered sport, and the interpretation of the interpretation	Zip	Country	Zip	Zip Cou						
R & P MANAGEMENT ASSOCIATES 285 AIRPORT TID SOUTH NAPLES FL 34104 City FL Zip Code		6. Name and Address of Cur	rent Registered Agent			7. Name and	Address of New Registered	d Agent		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE			,		Name					
265 AIRPORT RD SOUTH NAPLES FL 34104 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Portida. SIGNATURE Signature	0 0 0 1111	LACENCE ACCOMINE			Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE SUBMATURE SUBMATURE SUBMATURE SUBMATURE SUBMATURE SUBMATURE SUBMATURE STATE ADDRESS STATE ADDRESS SUBMATURE			·							
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.