2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 08:00 AM N24488 DOCUMENT # 1. Entity Name **Secretary of State** PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS ASSOCIA Principal Place of Business Mailing Address 265 AIRPORT ROAD SOUTH 265 AIRPORT ROAD SOUTH FL NAPLES NAPLES 34104 34104 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0040195 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent R & P MANAGEMENT ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 265 AIRPORT RD SOUTH NAPLES FL34104 US City Zip Code 8. 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. 05/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME MACKAY SALLY STREET ADDRESS STREET ADDRESS 320 HORSE CREEK DR. #107 CITY-ST-ZIP CITY-ST-ZIP NAPLES FT. 34110 ☐ Delete TITLE SD TITLE D X Change ☐ Addition NAME HEALEY FRANK NAME HANEY RICHARD STREET ADDRESS STREET ADDRESS 360 HORSE CREEK DR. #402 300 HORSE DR CITY-ST-ZIF NAPLES FL. 34110 CITY-ST-ZIP NAPLES FL. 34110 TITLE Delete TITLE SD X Change ☐ Addition NAME **JACQUELINE** POWERS **JACQUELINE** NAME POWERS STREET ADDRESS STREET ADDRESS 300 HORSE CREEK DR 504 300 HORSE CREEK DR 504 CITY-ST-ZIP NAPLES CITY-ST-ZIP NAPLES FL. 34110 FL. 34110 TITLE Delete TITLE TD X Change Addition NAME GUNTER HOWARD NAME VAN DUSEN \mathbf{AL} STREET ADDRESS 320 HORSE CREEK DR 202 STREET ADDRESS 340 HORSE CREEK DR 102 CITY-ST-ZIP NAPLES FL. 34110 CITY-ST-ZIP NAPLES FL. 34110 TITLE PD Delete TITLE Change ☐ Addition NAME ANDLEFINGER GEORGE NAME STREET ADDRESS 320 HORSE CREEK DR 403 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES \mathbf{FL} TITLE □ Delete TITLE VPD X Change ☐ Addition

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: _

ATHENA

NAPLES

380 HORSE CREEK DR 108

NAME

STREET ADDRESS

CITY-ST-ZIP

GEORGE ANDELFINGER

THEODORE

 \mathbf{FL}

PD

320 HORSE CREEK DR 501

SINCLAIR

NAPLES

05/01/2001

CR2E037 (11/00)