


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90021 040 ****61.25

DOCUMENT # N24488			
1. Entity Name PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business HORSECREEK DR NAPLES, FL 34110 US		Mailing Address 2335 9TH ST NO # 505 NAPLES, FL US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WAGNER, THERESE A 2335 9TH ST NO # 505 NAPLES, FL 34103		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, SERAFINO	NAME	
STREET ADDRESS	340 HORSECREEK DR. #108	STREET ADDRESS	
CITY ST ZIP	NAPLES, FL 34110	CITY ST ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDLEFINGER, GEORGE	NAME	
STREET ADDRESS	320 HORSECREEK DR 403	STREET ADDRESS	
CITY ST ZIP	NAPLES, FL	CITY ST ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DUSEN, AL	NAME	VAN DUSEN, AL, 340 HORSECREEK DR
STREET ADDRESS	340 HORSECREEK DR 102	STREET ADDRESS	#102, NAPLES FL 34110
CITY ST ZIP	NAPLES, FL 34110	CITY ST ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLUNKETT, RICHARD	NAME	CLIFFORD, TOM, 360 HORSECREEK DR
STREET ADDRESS	340 HORSECREEK DR. #107	STREET ADDRESS	#405, NAPLES FL 34110
CITY ST ZIP	NAPLES, FL 34110	CITY ST ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIGER, JOAN	NAME	CAHILL, JACK, 360 HORSECREEK DR
STREET ADDRESS	300 HORSECREEK DR	STREET ADDRESS	#403, NAPLES FL 34110
CITY ST ZIP	NAPLES, FL 34110	CITY ST ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANEY, RICHARD	NAME	BOWERS, JACKIE, 300 HORSECREEK DR
STREET ADDRESS	320 HORSECREEK DR. #505	STREET ADDRESS	#504, NAPLES FL 34110
CITY ST ZIP	NAPLES, FL 34110	CITY ST ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: <u>Alvan Dusen</u>		Date: <u>4/9/08</u> Day Phone: <u>239 403 7991</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day Phone	

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01052008 Chg-NP CR2E037 (12/06)

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**