

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90199 025 ****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
**PO BOX 10519
NAPLES FL 34101
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0040195**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, STEPHEN
4985 E TAMAMI TRAIL
NAPLES FL 34113**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	VPD	<input type="checkbox"/> Delete
NAME	SINCLAIR, JERRY	
STREET ADDRESS	320 HORSE CREEK DR 501	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDLEFINGER, GEORGE	
STREET ADDRESS	320 HORSE CREEK DR 403	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN DUSEN, AL	
STREET ADDRESS	340 HORSE CREEK DR 102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POWERS, JACQUELINE	
STREET ADDRESS	300 HORSE CREEK DR 504	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANEY, RICHARD	
STREET ADDRESS	360 HORSE CREEK DR. #402	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKAY, SALLY	
STREET ADDRESS	320 HORSE CREEK DR. #107	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowers, Jacqueline	
STREET ADDRESS	300 Horse Creek Dr. #504	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Basso, Andrew	
STREET ADDRESS	380 Horse Creek Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: SIGNATURE OF REGISTERED AGENT

Apr 14/03

CR2E037 (10/02)