

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:09

DOCUMENT # **N46344** (0)

1. Corporation Name

**PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM ONE A
ASSOCIATION, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1044 CASTELLO DR #206
NAPLES FL 33940

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NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1991	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0309422	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DR #206
NAPLES FL 33940**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME SCHWARTZ, ELLIOTT	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 HORSE CREEK DRIVE #302	CITY-ST-ZIP NAPLES FL	1.2 NAME Cantelon, Joy E.	
		1.3 STREET ADDRESS 300 Horsecreek Drive #304	
		1.4 CITY-ST-ZIP Naples, FL 33963	
TITLE VD	NAME ROMANO, KATHLEEN	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 HORSE CREEK DRIVE #303	CITY-ST-ZIP NAPLES FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE TD	NAME WEAVER, SCOTT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 HORSE CREEK DRIVE #104	CITY-ST-ZIP NAPLES FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE SD	NAME FULLER, WILLIAM	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 HORSE CREEK DRIVE #405	CITY-ST-ZIP NAPLES FL	4.2 NAME Bowers, Michael	
		4.3 STREET ADDRESS 300 Horsecreek Drive #504	
		4.4 CITY-ST-ZIP Naples, FL 33963	
TITLE D	NAME CRISS, JOSEPH	5.1 TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 300 HORSE CREEK DRIVE, #202	CITY-ST-ZIP NAPLES FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **3-1-95** **813-261-3440**
DATE: _____ DISTRICT: _____