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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46344

1. Corporation Name
PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM ONE ASSOCIATION, INC.

Principal Place of Business 1044 CASTELLO DR #206 NAPLES FL 34103 US	Mailing Address 1044 CASTELLO DR #206 NAPLES FL 34103 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0309422
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MGMT CORP
 1044 CASTELLO DR #206
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD SCHWARTZ, BEATRICE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 HORSECREEK DR, #504	1.2 NAME	
STREET ADDRESS	NAPLES FL 34110	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D VIOLA, MICHAEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 HORSECREEK DR, #102	2.2 NAME	
STREET ADDRESS	NAPLES FL 34110	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	GTB CORDIER, BILL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 HORSECREEK DRIVE #101	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BOWERS, MICHAEL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 HORSECREEK DRIVE, #504	4.2 NAME	
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD CRISS, JOSEPH	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 HORSE CREEK DRIVE, #202	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steiger, Joann
4.3 STREET ADDRESS	300 Horse creek Dr. #501
4.4 CITY-ST-ZIP	Naples, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chichonski, Joe
5.3 STREET ADDRESS	300 Horsecreek Dr. #207
5.4 CITY-ST-ZIP	Naples, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Schwartz 4/12/99 PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)