## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N46344**

1. Corporation Name

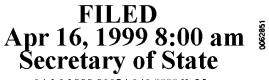
## PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM ONE A SSOCIATION, INC.

Principal Place of Business
1044 CASTELLO DR #206 NAPLES FL 34103
US

Mailing Address

2a. Mailing Address

1044 CASTELLO DR #206 NAPLES FL 34103



04-16-1999 90074 040 \*\*\*\*61.25



3. Date incorporated or Qualifed

2. Principal Pl	lace of Business 2a. Mailing Address			3. Date incorporated or Qualifed				
21		26			12/06/1991	- T - L	C. A.F.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- <b>-</b> `		4. FEI Number	— <del>  — — — — — — — — — — — — — — — — — — </del>	lied For	
		27			65-0309422		Applicable	
City & State	<del>8</del>	City & State			5. Certifcate of Status Desired	\$8.75 A		
Zip	Country	Zip	Count	y	6. Election Campaign Financing	\$5.00 #	viay Be	
24	25 29 3				Trust Fund Contribution	Added to	Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			8	1 Name			,	
SOUTHWEST PROPERTY MGMT CORP				82 Street Address (P.O. Box Number is Not Acceptable)				
1044 CASTELLO DR #206								
NAPLES FL 34103				3				
NAPLES PL 34103				84 City 85 Zip Code				
6. 小量				1	FL	.   -		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the abo	ve-named co	orporation submits this statement for the purpose of	changing its	egistered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Flonda. Such change was auti	nonzea c	y the corpora	ation's board of directors. I hereby accept the appoin	ilinent as reg	stered	
SIGNATURE					uired when reinstation) DATE		\	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				tsered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12	
12.		DIRECTORS DELETE	1.1 TITLE	:		Change	Addition	
TITLE	VPD		1.2 NAM			_ ,	_	
NAME	SCHWARTZ, BEATRICE		3	ł				
STREET ADDRESS	000 ((0.1000.100.100.1)			ET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34110	□ DELETE	1.4 CITY			Change	☐ Addition	
TITLE	<del>D-</del>	☐ DELETE	2.1 TITLE		SD	Cribingo		
NAME	VIOLA, MICHAEL		2.2 NAM	1			j	
STREET ADDRESS		المراجع والمحاصد المتعادية المتعادية المتعادية	2.3 STRI	ET ADDRESS	and the second of the second o			
CITY-ST-ZIP	NAPLES FL 34110		2. 4 CITY			☐ Change	☐ Addition	
TITLE	<del>STD -</del>	☐ DELETE	3.1 11111⊥1	· [#	PD	☐ Criange	☐ Addition (	
NAME	CORDIER, BILL		3.2 NAM	<b> </b>				
STREET ADDRESS	300 HORSECREEK DRIVE #101		3.3 STRI	ET ADDRESS			_	
CITY-ST-ZIP	NAPLES FL		3.4. CITY					
TITLE	<del>D-</del>	☐ DELETE	4.1 TITL	: K	50	Change	M Addition	
NAME	BOWERS, MICHAEL		4, 2 NAN	E L	steiger, Joann			
STREET ADDRESS	-300 HORSEGREEK DRIVE, #504	-	4.3 STR	EET ADDRESS	steiger, Joann 300 Horse creek Dr. #501 Naples, FL			
CITY-ST-ZIP	NAPLES-FL-		4.4 CITY	-ST-ZIP	Naples, FL			
TITLE	<del>PD-</del>	DELETE	5.1 TITL	- 14	U .	Change	Addition	
NAME	CRISS, JOSEPH		5.2 NAM	⁼   <i>(</i>	Chichonski Joe Dr. #2	~~	į	
STREET ADDRESS	AND LIGHTS APPEN DONE HAS	2_	5.3 STR			U 7		
CITY-ST-ZIP	NAPLES FL				Kaples, FC			
TITLE		☐ DELETE	6.1 TITL		•	Change	Addition	
NAME	3		6.2 NAM	E				
STREET ADDRESS			6.3 STR	ET ADDRESS			i	
CITY-ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		6.4 CITY	-ST-ZIP				
0111-01-ZIP	<u> </u>	41-7- EU 4		-tinn stated i	in Contian 110 07/3\/i) Elorida Statutes I further con	tifu that the in	formation	

I nereby 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:

PRESIDENT