

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90008 016 ****61.25

DOCUMENT # N46344

1. Entity Name

PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM ONE A

Principal Place of Business

Mailing Address

1044 CASTELLO DR #206
 NAPLES FL 34103
 US

1044 CASTELLO DR #206
 NAPLES FL 34103
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0309422

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~VD~~ Delete
 NAME **SCHWARTZ, BEATRICE**
 STREET ADDRESS **300 HORSECREEK DR, #504**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~TD~~ Delete
 NAME **VIOLA, MICHAEL**
 STREET ADDRESS **300 HORSECREEK DR, #102**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **SD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~PD~~ Delete
 NAME **CORDIER, BILL**
 STREET ADDRESS **300 HORSECREEK DRIVE #101**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~SD~~ Delete
 NAME **STEIGER, JOANN**
 STREET ADDRESS **300 HORSECREEK DR 504-OK**
 CITY-ST-ZIP **NAPLES FL**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DEVER, RICHARD**
 STREET ADDRESS **300 HORSECREEK DR #203**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **TD** Change Addition
 NAME **Norman Levey**
 STREET ADDRESS **300 Horsecreek DR #305**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Joann Steiger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joann Steiger 4/10/01

941-261-3440

Date Daytime Phone #

CR2E037 (10/00)