


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90397 032 \*\*\*\*61.25

**DOCUMENT # N46344**

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



**14013369**



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

Mailing Address  
**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

03242005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0309422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SOUTHWEST PROPERTY MGMT CORP</b> <b>1044 CASTELLO DR #206</b> <b>NAPLES, FL 34103</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, BEATRICE	NAME	
STREET ADDRESS	300 HORSECREEK DR, #504	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIGER, JOAN	NAME	
STREET ADDRESS	300 HORSECREEK DR 501	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVER, RICHARD	NAME	
STREET ADDRESS	300 HORSECREEK DR #203	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEY, NORMAN	NAME	
STREET ADDRESS	300 HORSECREEK DR #305	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTT, RICHARD	NAME	
STREET ADDRESS	300 HORSECREEK DR #208	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Norman Levey Norman LEVEY 4/11/05 239-592-6577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #