
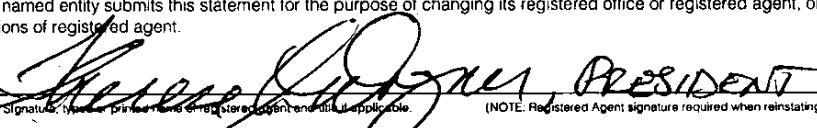
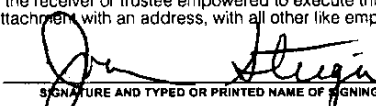


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90029 037 ****61.25

DOCUMENT # N46344 1. Entity 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		
2. Principal Place of Business - No P.O. Box # 300 HORSECREEK DR		3. Mailing Address 2335 9th ST. No.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. # 505			
City & State NAPLES FL		City & State Naples FL		4. FEI Number 65-0309422	
Zip 34110		Country COLLIER		Zip 34103	
Country COLLIER		Country COLLIER			
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name GULF VIEW PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 2335 9th ST. No #505 City Naples FL Zip Code 34103		
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  PRESIDENT DATE 3-12-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKER, BRENDA 300 HORSECREEK DR., #206 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, JOAN 300 HORSECREEK DR 501 NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEVER, JEAN 300 HORSECREEK DR #203 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, RODOLFO 300 HORSECREEK DR #201 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOTT, RICHARD 300 HORSECREEK DR #208 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			3-12-08		239-403-7991
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40047300

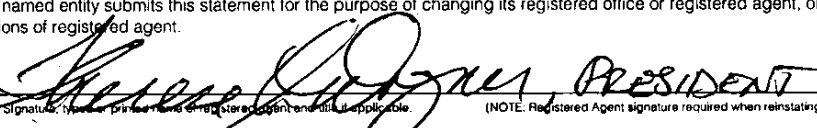


03032008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0309422 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name **GULF VIEW PROPERTY MGMT**
Street Address (P.O. Box Number is Not Acceptable)
2335 9th ST. No #505
City **Naples** **FL** Zip Code **34103**

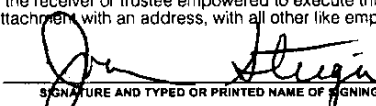
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SIGNATURE  **PRESIDENT** DATE **3-12-08**
(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIGER, JOAN 300 HORSECREEK DR 501 NAPLES, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEVER, JEAN 300 HORSECREEK DR #203 NAPLES, FL 34110	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFNER, RODOLFO 300 HORSECREEK DR #201 NAPLES, FL 34110	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOTT, RICHARD 300 HORSECREEK DR #208 NAPLES, FL 34110	<input type="checkbox"/> Delete	
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SIGNATURE:  **3-12-08** **239-403-7991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #