


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90278 042 \*\*\*\*61.25

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<b>DOCUMENT # N46344</b>			
1. Entity Name <b>PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM ONE ASSOCIATION, INC.</b>			
Principal Place of Business <b>1044 CASTELLO DR #206 NAPLES FL 34103 US</b>		Mailing Address <b>1044 CASTELLO DR #206 NAPLES FL 34103 US</b>	
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 <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>	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SOUTHWEST PROPERTY MGMT CORP 1044 CASTELLO DR #206 NAPLES FL 34103</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</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	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, BEATRICE</b>	NAME	<b>No</b>
STREET ADDRESS	<b>300 HORSECREEK DR, #504</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIGER, JOAN</b>	NAME	<b>No</b>
STREET ADDRESS	<b>300 HORSECREEK DR 501</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVER, RICHARD</b>	NAME	
STREET ADDRESS	<b>300 HORSECREEK DR #203</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVEY, NORMAN</b>	NAME	
STREET ADDRESS	<b>300 HORSECREEK DR #305</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOCHIRCO, MARY ANNE</b>	NAME	<b>Kott, Richard</b>
STREET ADDRESS	<b>300 HORSECREEK DR #505</b>	STREET ADDRESS	<b>300 Horsecreek Dr, # 208</b>
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	CITY-ST-ZIP	<b>Naples, FL 34110</b>
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: SIGNATURE REQUIRED *3/21/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)