

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24488

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC6768500217**

**Entity Name:** PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

300-380 HORSECREEK DR  
NAPLES, FL 34110

**Current Mailing Address:**

2335 9TH ST NO  
# 505  
NAPLES, FL US

**FEI Number: 65-0040195**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WAGNER, THERESE A  
2335 9TH ST NO  
# 505  
NAPLES, FL 34103 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name SMITH, MIKE  
Address 380 HORSE CREEK DR.  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name CULP, KEVIN  
Address 300 HORSE CREEK DR  
City-State-Zip: NAPLES FL 34110

Title TD  
Name VANDUSEN, AL  
Address 340 HORSECREEK DRIVE  
City-State-Zip: NAPLES FL 34110

Title PRESIDENT  
Name FREY, JOE  
Address 380 HORSECREEK DRIVE  
City-State-Zip: NAPLES FL 34110

Title VPD  
Name WILLIAMS, STEVE  
Address 360 HORSECREEK DRIVE  
City-State-Zip: NAPLES FL 34110

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MIKE SMITH**

**SECRETARY**

**03/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date