

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24487

FILED
Apr 02, 2007
Secretary of State

Entity Name: PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM FIVE ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR
STE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR
STE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0040196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SHEA, LAURIE
Address: 380 HORSECREEK DR #204
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: HOULIHAN, RAYMOND
Address: 380 HORSECREEK DRIVE #502
City-St-Zip: NAPLES, FL

Title: VP () Delete
Name: STAPLES, CARLTON
Address: 380 HORSECREEK DR, #105
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: JACKSON, ROBERT
Address: 380 HORSECREEK DRIVE #305
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHEA, LAURIE
Address: 380 HORSECREEK DR #204
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Change () Addition
Name: NEHER, SUSAN
Address: 280 HORSECREEK DR., #102
City-St-Zip: NAPLES, FL 34110

Title: ST (X) Change () Addition
Name: STAPLES, CARLTON
Address: 380 HORSECREEK DR, #105
City-St-Zip: NAPLES, FL

Title: P (X) Change () Addition
Name: JACKSON, ROBERT
Address: 380 HORSECREEK DRIVE #305
City-St-Zip: NAPLES, FL 34110

Title: D () Change (X) Addition
Name: SMITH, MIKE
Address: 280 HORSECREEK DR., #206
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT JACKSON

P

04/02/2007

Electronic Signature of Signing Officer or Director

Date