2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State
05-07-2008 90112 020 ****61.25

DOCUMENT # N24487

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

Principal Place of Business	Mailing Address
1044 CASTELLO DR STE 206 NAPLES, FL 34103 US	1044 CASTELLO DR STE 206 NAPLES, FL 34103 US

04092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
380 HORSECREEK DR	8890 TERRENCE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101
City & State NAPLES, FL	City & State BONITA SPRINGS, FL
Zip / Country 34109 US	Zip / Country 34135 US

4. FEI Number
65-0040196
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE #206 NAPLES, FL 34103	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 SHEA, LAURIE 380 HORSECREEK DR #204 NAPLES, FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALEXIS LASSON 380 HORSECREEK DR #404 NAPLES, FL 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEHER, SUSAN 280 HORSECREEK DR., #102 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STAPLES, CARLTON 380 HORSECREEK DR, #105 NAPLES, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOB BAUER 380 HORSECREEK DR #104 NAPLES, FL 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON, ROBERT 380 HORSECREEK DRIVE #305 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MIKE 280 HORSECREEK DR., #206 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Alexis Lasson Alexis Lasson 4/8/08 239-572-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #