

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90019 048 ****61.25

DOCUMENT # N24488
1. Entity Name
PRINCETON PLACE AT WIGGINS BAY PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **HORSECREEK DR NAPLES FL 34110 US**
Mailing Address: **2335 9TH ST NO # 505 NAPLES FL US**



2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State: Zip Country

4. FEI Number: **65-0040195** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WAGNER, THERESE A
2335 9TH ST NO # 505
NAPLES FL 34103**

7. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	
TITLE: D NAME: GIORDANO, SERAFINO STREET ADDRESS: 340 HORSE CREEK DR. #108 CITY-ST-ZIP: NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE: PD NAME: ANDLEFINGER, GEORGE STREET ADDRESS: 320 HORSE CREEK DR 403 CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete
TITLE: TD NAME: VAN DUSEN, AL STREET ADDRESS: 340 HORSE CREEK DR 102 CITY-ST-ZIP: NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE: D NAME: BOWERS, JACQUELINE STREET ADDRESS: 300 HORSE CREEK DR 504 CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE: VSD NAME: STEIGER, JOAN STREET ADDRESS: 300 HORSE CREEK DR CITY-ST-ZIP: NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE: D NAME: HANEY, RICHARD STREET ADDRESS: 320 HORSE CREEK DR. #505 CITY-ST-ZIP: NAPLES FL 34110	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE: VP/TD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Plunkett, Richard STREET ADDRESS: 340 Horsecreek Dr. #107 CITY-ST-ZIP: Naples, Fl. 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: *George Andlefinger* 3-1-07 463-7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #