

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 09, 2009
Secretary of State**

DOCUMENT# N24488

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

Current Principal Place of Business:

HORSECREEK DR
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2335 9TH ST NO
505
NAPLES, FL US

New Mailing Address:

FEI Number: 65-0040195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, THERESE A
2335 9TH ST NO
505
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: D () Delete
Name: GIORDANO, SERAFINO
Address: 340 HORSE CREEK DR. #108
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: ANDLEFINGER, GEORGE
Address: 320 HORSE CREEK DR 403
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: VAN, DUSEN
Address: 340 HORSECREEK DRIVE
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: CAHILL, JACK
Address: 360 HORSECREEK DRIVE #403
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: CLIFFORD, TOM
Address: 360 HORSECREEK DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BOWERS, JACKIE
Address: 300 HORSECREEK DRIVE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, STEVE
Address: 360 HORSE CREEK DR.
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STEIGER, JOAN
Address: 300 HORSECREEK DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VPD (X) Change () Addition
Name: GUNTER, HOWARD
Address: 340 HORSECREEK DRIVE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE ANDELFINGER

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date