

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90278 001 ****61.25

DOCUMENT # N28815

1. Corporation Name

**PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM FOUR
ASSOCIATION, INC.**

Principal Place of Business

R & P MANAGEMENT, INC.
265 S AIRPORT RD
NAPLES FL 34104
US

Mailing Address

R & P MANAGEMENT, INC
265 S AIRPORT RD
NAPLES FL 34104
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34104 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34104 29 Country

3. Date Incorporated or Qualified

10/12/1988

4. FEI Number

65-0075125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

R & P MANAGEMENT ASSOCIATES
265 AIRPORT RD SOUTH
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDT
NAME ROSE, DONALD
STREET ADDRESS 360 HORSECREEK DR #306
CITY-ST-ZIP NAPLES FL

TITLE ADP
NAME DIONNE, MARY
STREET ADDRESS 360 HORSECREEK DR 104
CITY-ST-ZIP NAPLES FL

TITLE VPAT
NAME WILLIAMS, STEVE
STREET ADDRESS 360 HORSECREEK DR, 404
CITY-ST-ZIP NAPLES FL

TITLE D
NAME GATLIN, CLYDE
STREET ADDRESS 360 HORSECREEK DR #205
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 941.598-1009

Date

Daytime Phone #

CR2E037 (1/98)

0063569