

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28815

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

C/O R & P MANAGEMENT, INC.
265 S AIRPORT RD
NAPLES, FL 33942 US

New Principal Place of Business:

Current Mailing Address:

C/O R & P MANAGEMENT, INC.
265 S AIRPORT RD
NAPLES, FL 33942 US

New Mailing Address:

FEI Number: 65-0075125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P MANAGEMENT ASSOCIATES
265 AIRPORT RD SOUTH
NAPLES, FL 34104 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: STD () Delete
Name: DIONNE, MARY
Address: 360 HORSECREEK DR 104
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: CLIFFORD, SUE
Address: 360 HORSECREEK DR, 405
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: CLIFFORD, TOM
Address: 360 HORSECREEK DR. #405
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: KENNEDY, JOSEPH
Address: 360 HORSECREEK DR, 407
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Change () Addition
Name: MAGNANI, EDWARD
Address: 360 HORSECREEK DR. #105
City-St-Zip: NAPLES, FL 34110

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: EDWARD MAGNANI

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date