

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28815

FILED  
Apr 09, 2010  
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: TD  
Name: DIONNE, MARY  
Address: 360 HORSECREEK DR 104  
City-St-Zip: NAPLES, FL 34110

Title: VPD  
Name: KENNEDY, JOSEPH  
Address: 360 HORSECREEK DR, 407  
City-St-Zip: NAPLES, FL 34110

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

Title: SD  
Name: CLEMMENS, MARILYN  
Address: 360 HORSECREEK #408  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: GARFINKEL, RHODA L  
Address: 360 HORSECREEK #106  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: EDWARD MAGNANI

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date