2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90021 041 ****61.25

DOCUMENT # N31148

1. Entity Name
PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM TWO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1044 CASTELLO DR SUITE 206 NAPLES, FL 34103 US	2335 9TH ST NORTH SUITE 505 NAPLES, FL 34103 US

01052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0151544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GULF VIEW PROPERTY MGMT. 2335 9TH ST NORTH SUITE 505 NAPLES, FL 34103	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's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANDELFINGER, GEORGE 320 HORSE CRK DR #403 NAPLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PTD	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZBORIL, THOMAS 320 HORSECREEK DRIVE #108 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD DAHLSTROM; RICHARD 320 HORSECREEK DR SUITE 204 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUNTER, HOWARD 320 HORSECREEK DR SUITE 202 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] George Andelfinger Treasurer 3/27/08 239-463-7991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #