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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:16

CORPORATION ANNUAL REPORT 1995  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770642 (7)
1. Corporation Name
WIGGINS BAY FOUNDATION, INC.

Principal Place of Business Mailing Address
1044 CASTELLO DR. #206 NAPLES FL 33940 1044 CASTELLO DR. #206 NAPLES FL 33940

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR, #206
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/10/1983 3a. Date of Last Report 04/04/1994
4. FEI Number 59-2736020 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	J. STEVE WILLIAMS
STREET ADDRESS	360 HORSE CREEK DRIVE #404
CITY- ST- ZIP	NAPLES FL
TITLE	VPG
NAME	FULLMER, JOHN
STREET ADDRESS	5001 PELICAN BAY BLVD
CITY- ST- ZIP	FT. MYERS FL
TITLE	SD
NAME	MONICO, ANTHONY
STREET ADDRESS	360 HORSECREEK DR-6403
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	HUNLOCK, HOWARD
STREET ADDRESS	5001 PELICAN BAY BLVD.
CITY- ST- ZIP	NAPLES FL
TITLE	TD
NAME	GOADY, WILLIAM F JR.
STREET ADDRESS	360 HORSE CREEK DRIVE # 201
CITY- ST- ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Loiacano, Matt
2.3 STREET ADDRESS	2666 Airport Road South
2.4 CITY- ST- ZIP	Naples, FL 33942
3.1 TITLE	S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sprehn, Susan
3.3 STREET ADDRESS	2666 Airport Road South
3.4 CITY- ST- ZIP	Naples, FL 33942
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if chairman or co-chairman with an address.

SIGNATURE:  3/14/95 (213) 261-3440
DATE DAYTIME PHONE #