

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 1044 CASTELLO DR. #206 NAPLES FL 33940
Mailing Address: 1044 CASTELLO DR. #206 NAPLES FL 33940

3. Date Incorporated or Qualified: 10/10/1983
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-2736020
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: SOUTHWEST PROPERTY MANAGEMENT, 1044 CASTELLO DR, #206, NAPLES FL 33940
10. Name and Address of New Registered Agent (81-85):
81 Name: Arthur Schoenberger
82 Street Address: 2666 Airport Road South, Naples, Florida
84 City: Naples, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: J-STEVE WILLIAMS STREET ADDRESS: 360 HORSE-GREEK DRIVE #404 CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Arthur Schoenberger 1.3 STREET ADDRESS: 2666 Airport Road South 1.4 CITY-ST-ZIP: Naples, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: LOIACANO, MATT STREET ADDRESS: 2666 AIRPORT ROAD SOUTH CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> DELETE	2.1 TITLE: STD 2.2 NAME: Antonia Higgs 2.3 STREET ADDRESS: 2666 Airport Road South 2.4 CITY-ST-ZIP: Naples, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: SPREHN, SUSAN STREET ADDRESS: 2666 AIRPORT ROAD SOUTH CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: Betty Dewey 3.3 STREET ADDRESS: 720 Wiggins Bay Drive 3.4 CITY-ST-ZIP: Naples, Florida	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur L. Schoenberger DATE: 3/21/96 PHONE: 941-261-3440

CR2E037 (12/95)