


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770642 (7)**  
1. Corporation Name  
**WIGGINS BAY FOUNDATION, INC.**



Principal Place of Business <b>1044 CASTELLO DR. #206 NAPLES FL 33940</b>	Mailing Address <b>1044 CASTELLO DR. #206 NAPLES FL 34103-1900</b>
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3. Date Incorporated or Qualified <b>10/10/1983</b>	3a. Date of Last Report <b>04/01/1996</b>
4. FEI Number <b>59-2736020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD- <input checked="" type="checkbox"/> DELETE
NAME	SCHOENBERGE, ARTHUR
STREET ADDRESS	POWER CORP 2666 AIRPORT ROAD SOUTH-
CITY - ST - ZIP	NAPLES FL
TITLE	VD- <input type="checkbox"/> DELETE
NAME	LOIACANO, MATT
STREET ADDRESS	2666 AIRPORT ROAD SOUTH
CITY - ST - ZIP	NAPLES FL
TITLE	STD- <input type="checkbox"/> DELETE
NAME	HIGGS, ANTONIA
STREET ADDRESS	POWER CORP 2666 AIRPORT ROAD SOUTH
CITY - ST - ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEWEY, BETTY
STREET ADDRESS	720 WIGGINS BAY DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Black, Brad J.
1.3 STREET ADDRESS	2666 Airport Road South
1.4 CITY - ST - ZIP	Naples, FL
2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kulpa, Ron
4.3 STREET ADDRESS	766 Wiggins Bay Drive
4.4 CITY - ST - ZIP	Naples, FL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/14/97  
Daytime Phone # \_\_\_\_\_

CR2E037 (9/96)