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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90193 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770642

1. Corporation Name
WIGGINS BAY FOUNDATION, INC.

Principal Place of Business 1044 CASTELLO DR. #206 NAPLES FL 34103 US	Mailing Address 1044 CASTELLO DR. #206 NAPLES FL 34103 US
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391541-90193-16



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/10/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2736020
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT
 1044 CASTELLO DR, #206
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BLACK, BRAD J		1.2 NAME Blair, Yvonne	
STREET ADDRESS 2600 AIRPORT ROAD SOUTH		1.3 STREET ADDRESS 24301 Walden Center Dr.	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOIACANO, MATT		2.2 NAME Flinn, Milton	
STREET ADDRESS 2600 AIRPORT ROAD SOUTH		2.3 STREET ADDRESS 24301 Walden Center Dr.	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HIGGS, ANTONIA		3.2 NAME Drummond, Paul	
STREET ADDRESS POWER CORP 2600 AIRPORT ROAD SOUTH		3.3 STREET ADDRESS 24301 Walden Center Dr.	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KULPA, RON		4.2 NAME	
STREET ADDRESS 766 WIGGINS BAY DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

Daytime Phone #