

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90888 030 \*\*\*\*61.25

**DOCUMENT # 770642**

1. Entity Name

**WIGGINS BAY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1044 CASTELLO DR. #206  
 NAPLES FL 34103  
 US

1044 CASTELLO DR. #206  
 NAPLES FL 34103  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2736020**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT**  
**1044 CASTELLO DR, #206**  
**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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>DS</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HILLARD, DARLINE</b> SD	
STREET ADDRESS	<b>485 BAY CLUB DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLINN, MILTON</b>	
STREET ADDRESS	<b>24301 WALDEN CTR DR</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<del>VTD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DRUMMOND, PAUL</b>	
STREET ADDRESS	<b>24301 WALDEN CTR DR</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<del>D</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KULPA, RON</b>	
STREET ADDRESS	<b>768 WIGGINS BAY DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYDEN, KEN</b>	
STREET ADDRESS	<b>24301 WALDEN DRIVE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>PD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rence Tiefenbach</b>	
STREET ADDRESS	<b>40 West Communities</b>	
CITY-ST-ZIP	<b>Walden Center</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Hawkins</b>	
STREET ADDRESS	<b>40 West Communities</b>	
CITY-ST-ZIP	<b>Walden Center</b>	
TITLE	<del>PD</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Hawkins</b>	
STREET ADDRESS	<b>40 West Communities</b>	
CITY-ST-ZIP	<b>Walden Center</b>	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Conrad J. Kulpa*  
**CONRAD J. KULPA**

Date

Daytime Phone #

**4/8/02**

CR2E037 (9/01)