


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90295 024 \*\*\*\*61.25

DOCUMENT # 770642					
1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03242005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				4. FEI Number 59-2736020	
SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR, #206 NAPLES, FL 34103				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHANSSON, STEFAN		NAME	GARRETT NAVLOR	
STREET ADDRESS	485 BAY CLUB DR		STREET ADDRESS	507 CLUBSIDE DR	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, JOHN		NAME	JERRY ZARELLA	
STREET ADDRESS	24301 WALDEN DRIVE		STREET ADDRESS	420 COVE TOWER DR #302	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	NAPLES FL 34134	
TITLE	PO SD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KULPA, RON		NAME	CHARLES ROWLEY	
STREET ADDRESS	766 WIGGINS BAY DRIVE		STREET ADDRESS	585 CLUBSIDE DR #104	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	NAPLES, FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MAUREEN MCCARTHY	
STREET ADDRESS			STREET ADDRESS	445 COVE TOWER DR #302	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <i>Garrett Navlor</i>			4/4/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		