

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770642

FILED
Apr 24, 2009
Secretary of State

Entity Name: WIGGINS BAY FOUNDATION, INC.

Current Principal Place of Business:

%GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2736020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZARRELLA, JERRY
Address: 430 COVE TOWERS DR
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: FEEHRER, ROSS
Address: 425 COVE TOWERS DR., 1403
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: SMARG, RICHARD
Address: 455 COVE TOWER DR., #1601
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: NAYLOR, GARRETT
Address: 507 CLUBSIDE DR.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: KULPA, RON
Address: 766 WIGGINS BAY DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAWSON, BOB
Address: 510 CLUBSIDE DR.
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

_____ Electronic Signature of Signing Officer or Director

MGR

04/24/2009

_____ Date