

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05381

1. Entity Name

WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90137 049 ****61.25

Principal Place of Business

826 WIGGINS PASS RD.
NAPLES FL 34110
US

Mailing Address

273 AIRPORT DR
NAPLES FL 34110
US

2. Principal Place of Business

3. Mailing Address

222 Industrial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 152

City & State

City & State

Naples, Florida

Zip

Country

Zip
34104

Country

COLLIER

4. FEI Number

59-2618852

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

MENZIES, ROBERT G.
3003 TAMiami Trl N.
STE 270
NAPLES FL 33940

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SANTIAGO, MIGDALIA
900 SW 139 AVE
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
UCHINSON, JOSEPH
826 WIGGINS PASS RD. #0202
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BROBECK, BLAIN
826 WIGGINS PASS ROAD #216
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICELI, PATRICIA
826 WIGGINS PASS ROAD #201
NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SISTRUNK, E.J. JR
826 WIGGINS PASS ROADS #206
NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Blain Brobeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00

293-1140