

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90108 007 ****61.25

DOCUMENT # N05381

1. Entity Name

WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC. •

Principal Place of Business

826 WIGGINS PASS RD.
NAPLES FL 34110
US

Mailing Address

222 INDUSTRIAL BLVD
STE 152
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

222 INDUSTRIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 147

City & State

City & State

NAPLES, FL

Zip

Country

Zip

Country

34104**U.S.A.**

4. FEI Number

59-2618852

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

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 \$61.259. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	STD	SANTIAGO, MIGDALIA	900 SW 139 AVE MIAMI FL	☐					☐	☐
	DVP	UCHINSON, JOSEPH	826 WIGGINS PASS RD. #0202 NAPLES FL	☒					☐	☐
	PD	BROBECK, BLAIN	826 WIGGINS PASS ROAD #216 NAPLES FL	☐					☐	☐
	D	MICELI, PATRICIA	826 WIGGINS PASS ROAD #201 NAPLES FL 34110	☐					☐	☐
	D	SISTRUNK, E.J. JR	826 WIGGINS PASS ROADS #206 NAPLES FL 34110	☐					☐	☐
				☐					☐	☐

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

Blain Brobeck 1-12-01 (941) 514-0264

Date

Daytime Phone #

CR2E037 (10/00)