## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # N05381  1. Entity Name WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC.						04-27-200	05 90311 (	031 ****	*61.25
Principal Place of Business 187 FOREST LAKES BLVD NAPLES, FL 34105 US Mailing Address 187 FOREST LAKES BLVD NAPLES, FL 34105 US									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222005 C	hg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 59-261885	52		<del></del>	plied For t Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of St	atus Desired		8.75 Addi	
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New R	egistered Ag	jent	
GRACEY, ROBERT T				Name					
	ST LAKES BLVD		Street Address			Not Acceptable	<del>)</del> )		
NAPLES, F	-L 34103		:						
				City			FL	Zip Code	;
	named entity submits this statement fo	stered agent, or both, in	the State of Flo	orida. I am far	miliar with, a	and accept			
the obligat	ions of registered agent.								
SIGNATURE.	Signature, based or printed name of registered agent	and title if applicable (NOT	E: Registere	d Agent signature regu	uired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent				uired when reinstating)		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE .	Signature. Typed or printed name of registered agent Filling Fee is \$81.25 Due by May 1, 2005	9. Election Car Trust Fund	mpaign F	Financing	s5.00 May Be Added to Fees		DATE lake check i ida Departn		
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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.

CITY-ST-ZIP

SIGNATURE: Blain Brokeck - Blain Brobeck 139-649-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat