2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90311 031 ****61.25

DOCUMENT # N05381

1. Entity Name
WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
187 FOREST LAKES BLVD NAPLES, FL 34105 US	187 FOREST LAKES BLVD NAPLES, FL 34105 US

04222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES, FL 34105	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROBECK, BLAIN 826 WIGGINS PASS RD #216 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WATSON, KENNETH 826 WIGGINS PASS RD #208 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROBECK, VON 826 WIGGINS PASS RD. #310 NAPLES, FL 34110	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SANTIAGO, MICKIE 826 WIGGINS PASS RD #303 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MICELI, PATRICIA 4440 KIRK ST. SKOKIE, IL 60076	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DAVID P.O. BOX 770568 NAPLES, FL 34107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISTRUNK, E J 826 WIGGINS PASS RD #206 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'TOOLE, THOMAS 826 WIGGINS PASS RD. #209 NAPLES, FL 34110	☐ 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 - Blain Brobeck 239-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #