2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N05381

Entity Name: WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2618852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACEY, ROBERT T
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BLVD
NAPLES, FL 34105 US

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: ROBERT T. GRACEY, SR. 04/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROBECK, BLAIN
Address: 826 WIGGINS PASS RD #216
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: DARCY, KENNEDY
Address: 4874 REGAL DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DST ( ) Delete
Name: SAVARD BOYER, BETTY JANE
Address: 479 PALM COURT
City-St-Zip: NAPLES, FL 34108

Title: DP ( ) Delete
Name: ZICCARELLI, ANTHONY J
Address: 826 WIGGINS PASS DR
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: O'TOOLE, THOMAS
Address: 826 WIGGINS PASS ROAD, #209
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MICELI, PAT
Address: 826 WIGGINS PASS RD #201
City-St-Zip: NAPLES, FL 34110

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: PLAUTZ, DONNA
Address: 826 WIGGINS PASS ROAD, #317
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: ANTHONY ZICCARELLI PRES 04/02/2009
Electronic Signature of Signing Officer or Director Date