

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770642

Entity Name: WIGGINS BAY FOUNDATION, INC.

FILED
Apr 01, 2021
Secretary of State
8409278397CC

Current Principal Place of Business:

% PARAMONT PROPERTY MANAGEMENT
5629 STRAND BLVD. SUITE #412
NAPLES, FL 34110

Current Mailing Address:

% PARAMONT PROPERTY MANAGEMENT
5629 STRAND BLVD. SUITE #412
NAPLES, FL 34110 US

FEI Number: 59-2736020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARAMONT PROPERTY
% PARAMONT PROPERTY MANAGEMENT
5629 STRAND BLVD. SUITE #412
NAPLES, FL 34110 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 SMEDLEY

04/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAGNANI, ED
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name D'ENTREMONT, RICHARD
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title TREASURER
Name RUSSO, DEBBIE
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title SECRETARY
Name CHARLES, HENSEL
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name MCGILL, SUE
Address % PARAMONT PROPERTY
 MANAGEMENT
 5629 STRAND BLVD. SUITE #412
City-State-Zip: NAPLES FL 34110

I hereby 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 all other like empowered.

SIGNATURE: ED MAGNANI

PRESIDENT

04/01/2021

Electronic Signature of Signing Officer/Director Detail

Date