

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770642

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: WIGGINS BAY FOUNDATION, INC.

## Current Principal Place of Business:

%GUARDIAN PROPERTY MANAGEMENT  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

## New Principal Place of Business:

## Current Mailing Address:

6700 LONE OAK BLVD  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 59-2736020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSS, BYRON  
6700 LONE OAK BLVD  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ZARRELLA, JERRY  
Address: 430 COVE TOWERS DR  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: FEEHRER, ROSS  
Address: 425 COVE TOWERS DR., 1403  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: SMARG, RICHARD  
Address: 455 COVE TOWER DR., #1601  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: NAYLOR, GARRETT  
Address: 507 CLUBSIDE DR.  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: KULPA, RON  
Address: 766 WIGGINS BAY DR  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAWSON, BOB  
Address: 510 CLUBSIDE DR.  
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: BYRON ROSS

MGR

04/24/2009

Electronic Signature of Signing Officer or Director

Date