
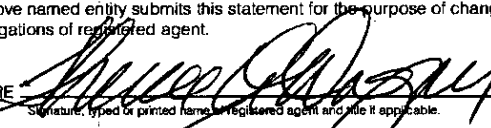
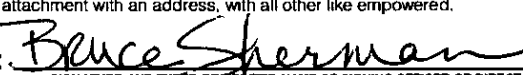


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90018 044 ****61.25

DOCUMENT # N02000002595			
1. Entity Name WIGGINS BAY DOCK OWNERS ASSOCIATION, INC.			
Principal Place of Business C/O SOUTHWEST PROPERTY MANAGEMENT 1044 CASTILLO DR, STE 206 NAPLES, FL 34103		Mailing Address C/O SOUTHWEST PROPERTY MANAGEMENT 1044 CASTILLO DR, STE 206 NAPLES, FL 34103	
2. Principal Place of Business GOLF VIEW PROP. MGMT		3. Mailing Address GOLF VIEW PROP MGMT	
Suite, Apt. #, etc. 2335 9th ST. No #505		Suite, Apt. #, etc. 2335 9th ST. No. #505	
City & State Naples, FL		City & State Naples, FL	
Zip 34103	Country USA	Zip 34103	Country USA
4. FEI Number 65-0315756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, DAVID L ESQ. 3461 BONITA BAY BLVD, STE 221 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name THERESE A. WAGNER Street Address (P.O. Box Number is Not Acceptable) GOLF VIEW PROPERTY MGMT 2335 9th ST. No #505 City NAPLES FL Zip Code 34103	
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 		THERESE A. WAGNER 7-7-04 DATE	
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD SHERMAN, BRUCE 420 COVE TOWERS, #602 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICKER, STANTON 768 WIGGINS BAY DR. NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICHANIS, GEORGE 758 MAINSAIL PL NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDELFINGER, GEORGE 320 HORSECREEK DR #403 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FOX, DONALD 760 WIGGINS BAY DR NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLES HASKELL 1745 PERSIMMON COURT Naples, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete HAMMOND, JAMES 780 WIGGINS BAY DR NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 		7-7-04 239-403-7991 Date Daytime Phone #	