


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90205 022 \*\*\*\*61.25

<b>DOCUMENT # N02000002595</b> 1. Entity Name <b>WIGGINS BAY DOCK OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business		Mailing Address	
GULF VIEW PROP. MGMT 2335 9TH ST. NO #505 NAPLES FL 34103		GULF VIEW PROP. MGMT 2335 9TH ST. NO #505 NAPLES FL 34103	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WAGNER, THERESE A</b> <b>2335 9TH ST. NO #505</b> <b>NAPLES FL 34103</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
4. FEI Number <b>65-0315756</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, RONALD	NAME	Arthur Langel
STREET ADDRESS	420 COVE TOWERS DRIVE, # 1104	STREET ADDRESS	445 Cove Tower Dr,
CITY-STATE-ZIP	NAPLES FL 34110	CITY-STATE-ZIP	Naples FL 34110
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKER, STANTON	NAME	
STREET ADDRESS	768 WIGGINS BAY DR.	STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 34110	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICHANIS, GEORGE	NAME	
STREET ADDRESS	758 MAINSAIL PL	STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 34110	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDELFINGER, GEORGE	NAME	
STREET ADDRESS	320 HORSECREEK DR #403	STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 34110	CITY-STATE-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKELL, CHARLES	NAME	
STREET ADDRESS	1745 PERSIMMON COURT	STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 34109	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, JAMES	NAME	
STREET ADDRESS	780 WIGGINS BAY DR	STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL 34110	CITY-STATE-ZIP	



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Arthur Langel* **President** *4/14/07* 239-403-7981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #