

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2009
Secretary of State**

DOCUMENT# N02000002595

Entity Name: WIGGINS BAY DOCK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GULF VIEW PROP. MGMT
2335 9TH ST. NO #505
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

GULF VIEW PROP. MGMT
2335 9TH ST. NO #505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0315756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, THERESE A
2335 9TH ST. NO #505
NAPLES, FL 34103 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: TD () Delete
Name: BRIGHT, RONALD
Address: 420 COVE TOWERS DRIVE, # 1104
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BRICKER, STANTON
Address: 768 WIGGINS BAY DR.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: SICHANIS, GEORGE
Address: 758 MAINSAIL PL
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: ANDELFINGER, GEORGE
Address: 320 HORSECREEK DR #403
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: HASKELL, CHARLES
Address: 1745 PERSIMMON COURT
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: HAMMOND, JAMES
Address: 780 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: SD (X) Change () Addition
Name: HASKELL, CHARLES
Address: 1745 PERSIMMON COURT
City-St-Zip: NAPLES, FL 34109

Title: PD (X) Change () Addition
Name: HAMMOND, JAMES
Address: 780 WIGGINS BAY 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: JAMES HAMMOND

PD

02/01/2009

Electronic Signature of Signing Officer or Director

Date