


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90284 015 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0315756

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LOCHIRCO, STEVE	
STREET ADDRESS	300 HORSECREEK DR #505	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRICKER, STANTON	
STREET ADDRESS	C/O SOUTHWEST PROPERTY MANAGEMENT	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SICHANIS, GEORGE	
STREET ADDRESS	758 MAINSAIL PL	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANDELFINGER, GEORGE	
STREET ADDRESS	320 HORSECREEK DR #403	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, DONALD	
STREET ADDRESS	760 WIGGINS BAY DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, JAMES	
STREET ADDRESS	780 WIGGINS BAY DR	
CITY-ST-ZIP	NAPLES FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherman, Bruce	
STREET ADDRESS	420 Cove Towers, #602	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	DB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bricker, Stan	
STREET ADDRESS	768 Wiggins Bay Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sichanis, George	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andelfinger, George	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hammond, James	
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **04/10/03**

CR2E037 (10/02)