

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90143 048 \*\*\*\*61.25

**DOCUMENT # N05381**

1. Entity Name  
**WIGGINS PASS WEST CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105 US**

Mailing Address  
**187 FOREST LAKES BLVD  
NAPLES, FL 34105 US**



03082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2618852**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GRACEY, ROBERT T  
187 FOREST LAKES BLVD  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROBECK, BLAIN 826 WIGGINS PASS RD #216 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROBECK, VON 826 WIGGINS PASS ROAD, #310 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MICELI, PATRICIA 4440 KIRK STREET SKOKIE, IL 60076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JONES, DAVID P.O. BOX 770568 NAPLES, FL 34107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'TOOLE, THOMAS 826 WIGGINS PASS ROAD, #209 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Blain Brobeck **Blain Brobeck** 4-12-06 (239) 514-0264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #