

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05381

FILED  
Apr 23, 2010  
Secretary of State

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

**Current Principal Place of Business:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**New Principal Place of Business:**

3358 WOODS EDGE CIR  
102  
BONITA SPRINGS, FL 34134 US

**Current Mailing Address:**

187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**New Mailing Address:**

3358 WOODS EDGE CIR  
102  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 59-2618852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRACEY, ROBERT T SR.  
187 FOREST LAKES BLVD  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

KW PROPERTY MANGEMENT & CONSULTING  
3358 WOODS EDGE CIR  
102  
BONITA SPRINGS, FL 34134 US

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: DENISE BARBER/AGENT

04/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ZICCARELLI, DAVID  
Address: 826 WIGGINS PASS RD #214  
City-St-Zip: NAPLES, FL 34110

Title: DST  
Name: DARCY, KENNEDY  
Address: 4874 REGAL DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: KLAUER, ROB  
Address: 826 WIGGINS PASS RD  
City-St-Zip: NAPLES, FL 34134

Title: D  
Name: O, TOM  
Address: 826 WIGGINS PASS DR  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: PLAUTZ, DONNA  
Address: 826 WIGGINS PASS ROAD, #317  
City-St-Zip: NAPLES, FL 34110

Title: DT  
Name: PLAUTZ, DONNA  
Address: 826 WIGGINS PASS RD #317  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: DAVID ZICCARELLI

DP

04/23/2010

Electronic Signature of Signing Officer or Director

Date