2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004282

FILED Mar 25, 2009 Secretary of State

Entity Name: WIGGINS BAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3940 RADIO RD STE 111 NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

3940 RADIO RD STE 111 NAPLES, FL 34104 US

FEI Number: 65-0523453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANCHOR ASSOCIATES INC. 3940 RADIO STE 111 NAPLES, FL 34104 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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD () Delete
 Title:
 VPD (X) Change () Addition

 Name:
 KETCHAM, TERR
 Name:
 KETCHAM, TERRY

 Address:
 778 WIGGINS BAY DRIVE
 Address:
 778 WIGGINS BAY DRIVE

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34110

Title: VTD () Delete Title: (X) Change () Addition BRICKER, H. STANTON Name: BRICKER, H. STANTON Name: Address: 768 WIGGINS BAY DR Address: 768 WIGGINS BAY DR City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: SD () Delete Title: () Change () Addition

 Name:
 HAMMOND, JAMES
 Name:

 Address:
 780 WIGGINS BAY DR
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 JOHNSTON, DONALD
 Name:

 Address:
 732 WIGGINS BAY DR.
 Address:

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 KULPA, RON
 Name:
 GAMMELL, JAMES

 Address:
 766 WIGGINS BAY DR
 Address:
 762 WIGGINS BAY DR

 City-St-Zip:
 NAPLES, FL 34110
 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: ROBERT NEIHEISEL RA 03/25/2009