

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002595

**FILED**  
**Feb 21, 2013**  
**Secretary of State**  
**CC6957601007**

**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

**Current Mailing Address:**

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

**FEI Number:** 65-0315756

**Certificate of Status Desired:** No

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

WAGNER, THERESE A  
2335 9TH ST. NO #505  
NAPLES, FL 34103 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name NAYLOR, GARRETT  
Address 300 HORSECREEK DRIVE  
City-State-Zip: NAPLES FL 34110

Title D  
Name BRICKER, STANTON  
Address 768 WIGGINS BAY DR.  
City-State-Zip: NAPLES FL 34110

Title D  
Name SICHANIS, GEORGE  
Address 758 MAINSAIL PL  
City-State-Zip: NAPLES FL 34110

Title D  
Name STRANZL, FRANK  
Address 420 COVE TOWERS DR  
City-State-Zip: NAPLES FL 34110

Title SD  
Name HASKELL, CHARLES  
Address 1745 PERSIMMON COURT  
City-State-Zip: NAPLES FL 34109

Title PD  
Name DEAN, PHIL  
Address 425 COVE TOWERS DRIVE  
City-State-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:** PHIL DEAN

**PRESIDENT**

**02/21/2013**

Electronic Signature of Signing Officer/Director Detail

Date