

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000002595

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC3469980446**

**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 DIRECTOR  
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 TREASURER  
Name BAILEY, RON  
Address 471 CLUBSIDE  
City-State-Zip: NAPLES FL 34110

Title D  
Name HAMMOND, JIM  
Address WIGGINS PASS ROAD  
City-State-Zip: NAPLES FL 34110

Title SD  
Name SMITH, MIKE  
Address 380 HORSECREEK DRIVE  
City-State-Zip: NAPLES FL 34110

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:** MIKE SMITH

**SECRETARY**

**02/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date