

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36116 (4)
1. Corporation Name

WIGGINS LAKES MASTER ASSOCIATION, INC.



Principal Place of Business: **133 FOURTH STREET NAPLES FL 33962**
Mailing Address: **C/O TRAMCO INC. 5085 E. TAMiami TRAIL NAPLES FL 33962 US**

3. Date Incorporated or Qualified: **01/11/1990**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **36-3716958**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
MART, GARY E. C/O TRAMCO, INC 5085 E. TAMiami TRAIL NAPLES FL 33962

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEPLEY, RICHARD B.	1.2 NAME	
STREET ADDRESS	9801 TREASURE CAY LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, THOMAS J.	2.2 NAME	
STREET ADDRESS	P.O. BOX 64 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARDLE, DAVID A.	3.2 NAME	
STREET ADDRESS	P.O. BOX 64 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOBS, JANE C.	4.2 NAME	JOSEPH POLACEK
STREET ADDRESS	760 WIGGINS LAKE DR., #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, EDWARD	5.2 NAME	RALPH RECOR
STREET ADDRESS	744 WIGGINS LAKE DR., #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4-12-96** Daytime Phone: **914-992-5229**

CR2E037 (12/95)