

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 01/11/1990 | 3a. Date of Last Report 04/22/1996 |
| 4. FEI Number 36-3716958 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 28 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 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 ROBERT HALL & ASSOCIATES, INC. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE. SO. SUITE 201 |
| 83 |
| 84 City NAPLES |
| 85 Zip Code FL 34102 |

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 Robert M. Hall ROBERT M. HALL, ASSOCIATES, INC. DATE 7/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE VD | <input checked="" type="checkbox"/> DELETE |
| NAME KEPLEY, RICHARD B. | |
| STREET ADDRESS 9801 TREASURE CAY LN | |
| CITY-ST-ZIP BONITA SPRINGS FL | |
| TITLE TSD | <input checked="" type="checkbox"/> DELETE |
| NAME KELLY, THOMAS J. | |
| STREET ADDRESS P.O. BOX 64 N/A | |
| CITY-ST-ZIP ST CHARLES IL | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE |
| NAME MCARDLE, DAVID A. | |
| STREET ADDRESS P.O. BOX 64 N/A | |
| CITY-ST-ZIP ST CHARLES IL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME JOSEPH POLACEK | |
| STREET ADDRESS 760 WIGGINS LAKE DR., #104 | |
| CITY-ST-ZIP NAPLES FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME RALPH RECOR | |
| STREET ADDRESS 744 WIGGINS LAKE DR., #204 | |
| CITY-ST-ZIP NAPLES FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PARTICIPANT/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME JANE KOBS | |
| 1.3 STREET ADDRESS 1100 FIFTH AVE. SO. SUITE 201 | |
| 1.4 CITY-ST-ZIP NAPLES, FL 34102 | |
| 2.1 TITLE 1ST VICE PRESIDENT/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME BRIAN TURNER | |
| 2.3 STREET ADDRESS 1100 FIFTH AVE. SO SUITE 201 | |
| 2.4 CITY-ST-ZIP NAPLES, FL 34102 | |
| 3.1 TITLE 3RD VICE PRESIDENT/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME LEN RICHARD | |
| 3.3 STREET ADDRESS 1100 FIFTH AVE. SO. SUITE 201 | |
| 3.4 CITY-ST-ZIP NAPLES, FL 34102 | |
| 4.1 TITLE TREASURER/DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME EDWARD MORGAN | |
| 4.3 STREET ADDRESS 1100 FIFTH AVE. SO. SUITE 201 | |
| 4.4 CITY-ST-ZIP NAPLES, FL 34102 | |
| 5.1 TITLE SECRETARY/DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME HANK BOULANGER | |
| 5.3 STREET ADDRESS 1100 FIFTH AVE. SO. SUITE 201 | |
| 5.4 CITY-ST-ZIP NAPLES, FL 34102 | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 if changed, or on an attachment with an address.

CR2E037 (4/97)