

**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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N36116 (4)**  
 1. Corporation Name  
**WIGGINS LAKES MASTER ASSOCIATION, INC.**



Principal Place of Business <b>133 FOURTH STREET NAPLES FL 33962</b>	Mailing Address <b>C/O TRAMCO INC. 5085 E. TAMiami TRAIL NAPLES FL 33962 US</b>
---	--

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified <b>01/11/1990</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>36-3716958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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 <b>ROBERT HALL &amp; ASSOCIATES, INC.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1100 FIFTH AVE. SO. SUITE 201</b>
83
84 City <b>NAPLES</b>
85 Zip Code <b>FL 34102</b>

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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