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FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36116** (4)
1. Corporation Name
WIGGINS LAKES & PRESERVE 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
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3. Date Incorporated or Qualified
01/11/1990

4. FEI Number
36-3716958

Applied For	
Not Applicable	

2. Principal Place of Business C/O 21 R&P PROPERTY MANAGEMENT Suite, Apt. #, etc	2a. Mailing Address C/O 26 R&P PROPERTY MANAGEMENT Suite, Apt. #, etc.
22 265 AIRPORT RD. S. City & State	27 265 AIRPORT RD. S. City & State
23 NAPLES FL Zip Country	28 NAPLES FL Zip Country
24 34104-3518 25 US	29 34104-3518 30 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ROBERT WALL & ASSOCIATES INC
1100 FIFTH AVE SO.
SUITE 201
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name	CARROLL DENNIS
82 Street Address (P.O. Box Number is Not Acceptable)	R&P PROPERTY MANAGEMENT
83	265 AIRPORT RD. S.
84 City	NAPLES FL
85 Zip Code	34104-3518

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOBS, JANE	
STREET ADDRESS	1100 FIFTH AVE SO., SUITE 201	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, BRIAN	
STREET ADDRESS	1100 FIFTH AVE SO., SUITE 201	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD, LEN	
STREET ADDRESS	1100 FIFTH AVE SO., SUITE 201	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MORAN, EDWARD	
STREET ADDRESS	1100 FIFTH AVE SO., SUITE 201	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOULANGER, HANK	
STREET ADDRESS	1100 FIFTH AVE SO., SUITE 201	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUTT, ROBERT	
1.3 STREET ADDRESS	451 WIGGINS LAKE DR. #202	
1.4 CITY-ST-ZIP	NAPLES, FL 34110	
2.1 TITLE	DVP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLLER, KARL	
2.3 STREET ADDRESS	757 WIGGINS LAKE DR. #201	
2.4 CITY-ST-ZIP	NAPLES, FL 34110	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD, PATRICIA	
3.3 STREET ADDRESS	684 WIGGINS LAKE DR. #201	
3.4 CITY-ST-ZIP	NAPLES, FL 34110	
4.1 TITLE	DYT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLEARY DICK	
4.3 STREET ADDRESS	981 WIGGINS LAKE DR. #201	
4.4 CITY-ST-ZIP	NAPLES, FL 34110	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MAN'ERA, ANTHONY	
5.3 STREET ADDRESS	794 WIGGINS LAKE DR. #205	
5.4 CITY-ST-ZIP	NAPLES FL 34110	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____ **4/20/98 941-643-3343**

CR2E037 (10/97)