


FILE NOW: FILING FEE IS \$61.25

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 <b>133 FOURTH STREET NAPLES FL 33962</b>	Mailing Address <b>C/O TRAMCO INC. 5085 E. TAMiami TRAIL NAPLES FL 33962 US</b>
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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 <b>R&amp;P PROPERTY MANAGEMENT</b> Suite, Apt. #, etc	2a. Mailing Address C/O 26 <b>R&amp;P PROPERTY MANAGEMENT</b> Suite, Apt. #, etc.
22 <b>265 AIRPORT RD. S.</b> City & State	27 <b>265 AIRPORT RD. S.</b> City & State
23 <b>NAPLES FL</b> Zip Country	28 <b>NAPLES FL</b> Zip Country
24 <b>34104-3518</b> 25 <b>US</b>	29 <b>34104-3518</b> 30 <b>US</b>

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 <b>CARROLL DENNIS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>R&amp;P PROPERTY MANAGEMENT</b>
83 <b>265 AIRPORT RD. S.</b>
84 City <b>NAPLES</b>
85 Zip Code <b>FL 34104-3518</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: *Carroll Dennis* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<b>KOBS, JANE</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KOBS, JANE</b>		1.2 NAME <b>BUTT, ROBERT</b>
STREET ADDRESS <b>1100 FIFTH AVE SO., SUITE 201</b>		1.3 STREET ADDRESS <b>451 WIGGINS LAKE DR. #202</b>
CITY-ST-ZIP <b>NAPLES FL</b>		1.4 CITY-ST-ZIP <b>NAPLES, FL 34110</b>
TITLE <b>VPD</b>	<b>TURNER, BRIAN</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DVP/PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TURNER, BRIAN</b>		2.2 NAME <b>HOLLER, KARL</b>
STREET ADDRESS <b>1100 FIFTH AVE SO., SUITE 201</b>		2.3 STREET ADDRESS <b>757 WIGGINS LAKE DR. #201</b>
CITY-ST-ZIP <b>NAPLES FL</b>		2.4 CITY-ST-ZIP <b>NAPLES, FL 34110</b>
TITLE <b>VPD</b>	<b>RICHARD, LEN</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARD, LEN</b>		3.2 NAME <b>RICHARD, PATRICIA</b>
STREET ADDRESS <b>1100 FIFTH AVE SO., SUITE 201</b>		3.3 STREET ADDRESS <b>684 WIGGINS LAKE DR. #201</b>
CITY-ST-ZIP <b>NAPLES FL</b>		3.4 CITY-ST-ZIP <b>NAPLES, FL 34110</b>
TITLE <b>TD</b>	<b>MORAN, EDWARD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>DYT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MORAN, EDWARD</b>		4.2 NAME <b>CLEARY DICK</b>
STREET ADDRESS <b>1100 FIFTH AVE SO., SUITE 201</b>		4.3 STREET ADDRESS <b>981 WIGGINS LAKE DR. #201</b>
CITY-ST-ZIP <b>NAPLES FL</b>		4.4 CITY-ST-ZIP <b>NAPLES, FL 34110</b>
TITLE <b>SD</b>	<b>BOULANGER, HANK</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOULANGER, HANK</b>		5.2 NAME <b>MAN'ERA, ANTHONY</b>
STREET ADDRESS <b>1100 FIFTH AVE SO., SUITE 201</b>		5.3 STREET ADDRESS <b>774 WIGGINS LAKE DR. #205</b>
CITY-ST-ZIP <b>NAPLES FL</b>		5.4 CITY-ST-ZIP <b>NAPLES FL 34110</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: *[Signature]* 4/20/98 941-643-3343

CR2E037 (10/97)