

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0049804

DOCUMENT # N36116

1. Entity Name

WIGGINS LAKES & PRESERVE ASSOCIATION, INC.

04-11-2002 90674 016 ****61.25

Principal Place of Business

Mailing Address

C/O WBG SW FL INC.
 3461 BONITA BAY BLVD #101
 BONITA SPRINGS, FL 34134
 US

C/O WBG SW FL INC.
 3461 BONITA BAY BLVD #101
 BONITA SPRINGS FL 34134
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3716958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOMER, KIM
C/O WBG SW FL INC.
3461 BONITA BAY BLVD #101
BONITA SPRINGS FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, FRANK	
STREET ADDRESS	665 WIGGINS LAKE DRIVE #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CROWLEY, WALTER	
STREET ADDRESS	683 WIGGINS LAKE DR #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, JEANNE	
STREET ADDRESS	680 WIGGINS LAKE DR #105	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOTZUNG, KEN	
STREET ADDRESS	757 WIGGINS LAKE DR #204	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, DAVID	
STREET ADDRESS	675 WIGGINS LAKE DR. #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	EATON, HAL	
STREET ADDRESS	654 WIGGINS LAKE DR. #201	
CITY-ST-ZIP	NAPLES FL 34110	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVICK, CAROLE	
STREET ADDRESS	768 WIGGINS LAKE DR #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	J	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMSON, SAIRLEY	
STREET ADDRESS	SP 736 WIGGINS LAKE DR #102	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSING, GEORGE	
STREET ADDRESS	723 WIGGINS LAKE DR #20A	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTUCKY, Bill	
STREET ADDRESS	760 WIGGINS LAKE DR #105	
CITY-ST-ZIP	NAPLES, FL 34110	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)