

**01 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90506 031 \*\*\*\*61.25

**DOCUMENT # 725734**

Entity Name  
**WIGMAN ACRES CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**LETHA COURT 2245 LETHA COURT**  
**ST FL 34994 STUART FL 34994**

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1525878** Applied For  
 Not Applicable

Country Zip Country

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GLEEY, RALPH L**  
**11 EDLER DRIVE**  
**STUART FL 34994**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

NATURE 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**

**OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TD <input type="checkbox"/> Delete ALT, THOMAS R. 2154 EDLER DR STUART FL 34994	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAMMER, PAUL L. 2139 EDLER DRIVE STUART, FL. 34994
PD <input type="checkbox"/> Delete HIGLEY, RALPH L 2111 EDLER DR STUART, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition XXX XXXXX
D <input type="checkbox"/> Delete ADAMS, HELEN M. 2128 EDLER DRIVE STUART FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD ENGELBRECHT, LYNN 2124 EDLER DRIVE STUART, FL <del>XXXX</del> 34994
D <input checked="" type="checkbox"/> Delete BESWICK, DORIS S 2131 EDLER DRIVE STUART FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>XXXXXXXXXXXXXXXXXXXX</del>
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition D O'CONNOR, THOMAS J. 2106 EDLER DRIVE STUART, FL. 34994
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DEPATIE, CHARLES P. 2116A EDLER DRIVE, STUART, FL. 34994

CR2E037 (10/00)

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: **RALPH L. HIGLEY** *Ralph L. Higley* 1/15/01 561-287-3254  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #