


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90258 047 \*\*\*\*61.25

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # N05000009523</b> |  |
|--------------------------------|---|

1. Entity Name  
WIGGINS PASS CONSERVANCY, INC

|   |   |
|---|---|
| Principal Place of Business<br>921 CARRICK BEND CIRCLE #201<br>NAPLES, FL 34110 | Mailing Address<br>921 CARRICK BEND CIRCLE #201<br>NAPLES, FL 34110 |
|---|---|

40037310



05012008 No Chg-NP CR2E037 (4/06)

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|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>20-3481971                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>FEE, DOUGLAS M<br>921 CARRICK BEND CIRCLE #201<br>NAPLES, FL 34110 |
|---|

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P,T<br>FEE, DOUGLAS M<br>921 CARRICK BEND CIRCLE #201<br>NAPLES, FL 34110     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BOYER, BETTY J<br>479 PALM COURT<br>NAPLES, FL 34108                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GARBELLA, THOMAS J<br>754 EAST VALLEY DRIVE<br>BONITA SPRINGS, FL 34134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **4/30/08 239-513-1040**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #