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95 APR 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Bandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36116 (4)

1. Corporation Name
WIGGINS LAKES MASTER ASSOCIATION, INC.

Principal Place of Business Mailing Address
**133 FOURTH STREET
NAPLES FL 33962** **C/O TRAMCO INC.
5085 E. TAMAMI TRAIL
NAPLES FL 33962
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last Report 04/26/1994
4. FEI Number 36-3716958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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9. Name and Address of Current Registered Agent
**MART, GARY E.
~~133 FOURTH STREET
NAPLES FL 33962~~**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
C/O TRAMCO, INC
83. **5085 E. TAMAMI TR**
84. City **NAPLES** FL 85. Zip Code **33962**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE: *[Signature]* DATE: **4-10-95**

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KEPLEY, RICHARD B.
STREET ADDRESS	9801 TREASURE CAY LN
CITY- ST- ZIP	BONITA SPRINGS FL
TITLE	TSD
NAME	KELLY, THOMAS J.
STREET ADDRESS	P.O. BOX 64 N/A
CITY- ST- ZIP	ST CHARLES IL
TITLE	PD
NAME	MCARDLE, DAVID A.
STREET ADDRESS	P.O. BOX 64 N/A
CITY- ST- ZIP	ST CHARLES IL
TITLE	D
NAME	KIRK, JOHN
STREET ADDRESS	C/O TRAMCO, INC., 5085 TAMAMI TRAIL E.
CITY- ST- ZIP	NAPLES FL
TITLE	D
NAME	TOENNISSON, HERBERT
STREET ADDRESS	C/O TRAMCO, INC., 5085 TAMAMI TRAIL E.
CITY- ST- ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
4.2 NAME	Jane C. Kobs
4.3 STREET ADDRESS	760 Wiggins Lake Drive #104
4.4 CITY- ST- ZIP	Naples, FL 33963
5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
5.2 NAME	Edward Moran
5.3 STREET ADDRESS	744 Wiggins Lake Drive #204
5.4 CITY- ST- ZIP	Naples, FL 33961
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this filing.

SIGNATURE: *[Signature]* DATE: **14 April 95**