

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. TAMiami TRAIL
NAPLES FL 33962
US

3. Date Incorporated or Qualified
01/11/1990

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
36-3716958

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MART, GARY E.
C/O TRAMCO, INC
5085 E. TAMiami TRAIL
NAPLES FL 33962

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
KEPLEY, RICHARD B.
9801 TREASURE CAY LN
BONITA SPRINGS FL

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TSD
KELLY, THOMAS J.
P.O. BOX 64 N/A
ST CHARLES IL

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
MCARDLE, DAVID A.
P.O. BOX 64 N/A
ST CHARLES IL

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KOBBS, JANE C.
760 WIGGINS LAKE DR., #104
NAPLES FL

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MORAN, EDWARD
744 WIGGINS LAKE DR., #204
NAPLES FL

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)