

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 31 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36116 (4)

1. Corporation Name
WIGGINS LAKES MASTER ASSOCIATION, INC.



Principal Place of Business 133 FOURTH STREET NAPLES FL 33962	Mailing Address C/O TRAMCO INC. 5085 E. TAMiami TRAIL NAPLES FL 33962 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last Report 04/22/1996
4. FEI Number 36-3716958	Applied For <input type="checkbox"/> 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name ROBERT HALL & ASSOCIATES, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE. SO. SUITE 201
83
84 City NAPLES
85 Zip Code FL 34102

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 Robert M. Hall ROBERT M. HALL, ASSOCIATES, INC. DATE 7/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KEPLEY, RICHARD B.	
STREET ADDRESS	9801 TREASURE CAY LN	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, THOMAS J.	
STREET ADDRESS	P.O. BOX 64 N/A	
CITY-ST-ZIP	ST CHARLES IL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCARDLE, DAVID A.	
STREET ADDRESS	P.O. BOX 64 N/A	
CITY-ST-ZIP	ST CHARLES IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH POLACEK	
STREET ADDRESS	760 WIGGINS LAKE DR., #104	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RALPH RECOR	
STREET ADDRESS	744 WIGGINS LAKE DR., #204	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PARTICIPANT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JANE KOBS	
1.3 STREET ADDRESS	1100 FIFTH AVE. SO. SUITE 201	
1.4 CITY-ST-ZIP	NAPLES, FL 34102	
2.1 TITLE	1ST VICE PARTIOM/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRIAN TURNER	
2.3 STREET ADDRESS	1100 FIFTH AVE. SO SUITE 201	
2.4 CITY-ST-ZIP	NAPLES, FL 34102	
3.1 TITLE	3ND VICE PARTIOM/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEN RICHARD	
3.3 STREET ADDRESS	1100 FIFTH AVE. SO. SUITE 201	
3.4 CITY-ST-ZIP	NAPLES, FL 34102	
4.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDWARD MORGAN	
4.3 STREET ADDRESS	1100 FIFTH AVE. SO. SUITE 201	
4.4 CITY-ST-ZIP	NAPLES, FL 34102	
5.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HANK BOULANGER	
5.3 STREET ADDRESS	1100 FIFTH AVE. SO. SUITE 201	
5.4 CITY-ST-ZIP	NAPLES, FL 34102	
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address.

CR2E037 (4/97)