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**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90067 027 \*\*\*\*61.25

0063623

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N36116**

1. Corporation Name

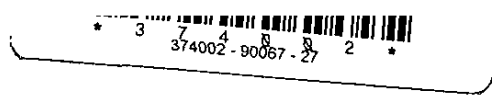
**WIGGINS LAKES & PRESERVE ASSOCIATION, INC.**

Principal Place of Business

R&P PROPERTY MANAGEMENT  
 265 AIRPORT RD S  
 NAPLES FL 34104-518  
 US

Mailing Address

R&P PROPERTY MANAGEMENT  
 265 AIRPORT RD S  
 NAPLES FL 34104-518  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date incorporated or Qualified

01/11/1990

4. FEI Number

36-3716958

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CARROLL, DENNIS  
 R & P PROPERTY MANAGEMENT  
 265 AIRPORT RD S  
 NAPLES FL 34104-3518

10. Name and Address of New Registered Agent

81 Name Robert Samonce  
 82 Street Address (P.O. Box Number is Not Acceptable)  
Swalm, Murrell & Samonce, P.A.  
 83 2375 Tamiami Trail North, Suite 308  
 84 City Naples 85 Zip Code FL 34103

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

1/11/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BUTT, ROBERT	
STREET ADDRESS	651 WIGGINS LAKE DR #202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	HOLLER, KARL	
STREET ADDRESS	757 WIGGINS LAKE DR #201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RICHARD, PATRICIA	
STREET ADDRESS	684 WIGGINS LAKE DR #201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	CLEARY, DICK	
STREET ADDRESS	781 WIGGINS LAKE DR #201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANERA, ANTHONY	
STREET ADDRESS	774 WIGGINS LAKE DR # 205	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOULLANGER, HENRY	
1.3 STREET ADDRESS	675 WIGGINS LAKE DR #901	
1.4 CITY-ST-ZIP	NAPLES, FL 34110	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SPEERBER, SID	
5.3 STREET ADDRESS	774 WIGGINS LAKE DR - # 204	
5.4 CITY-ST-ZIP	NAPLES, FL 34110	
6.1 TITLE	D22DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MC DERMITT, FRANK	
6.3 STREET ADDRESS	665 WIGGINS LAKE DR # 101	
6.4 CITY-ST-ZIP	NAPLES, FL 34110	

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

941.566.9346  
 Daytime Phone #

CRZE037 (11/98)