

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90089 012 ****61.25

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DOCUMENT # N36116

1. Entity Name
WIGGINS LAKES & PRESERVE ASSOCIATION, INC.

Principal Place of Business C/O WBG SW FL INC. 3461 BONITA BAY BLVD #101 BONITA SPRINGS FL 34134 US	Mailing Address C/O WBG SW FL INC. 3461 BONITA BAY BLVD #101 BONITA SPRINGS FL 34134 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

**COOMER, KIM
 C/O WBG SW FL INC.
 3461 BONITA BAY BLVD #101
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULANGER, HENRY 675 WIGGINS LAKE DR. #101 NAPLES FL 34110 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete CROWLEY, WALTER 683 WIGGINS LAKE DR #102 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete COLLINS, JEANNE 680 WIGGINS LAKE DR #105 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOTZUNG, KEN 757 WIGGINS LAKE DR #204 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROBINSON, DAVID 675 WIGGINS LAKE DR. #101 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete EATON, HAL 654 WIGGINS LAKE DR. #201 NAPLES FL 34110

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MC DERMITT, FRANK 665 Wiggins Lake DR #101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Walter W. Crowley **SECRETARY** 3/26/01 (941) 513-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)