



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90271 048 ****61.25

DOCUMENT # N36116					
1. Entity Name WIGGINS LAKES & PRESERVE ASSOCIATION, INC.					
Principal Place of Business C/O THE WARNER CORP 886 110TH AVE N #7 NAPLES, FL 34108 US			Mailing Address C/O THE WARNER CORP 886 110TH AVE N #7 NAPLES, FL 34108 US		
2. Principal Place of Business		3. Mailing Address		 01122004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 36-3716958				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARNER, BRYAN J THE WARNER CORPORATION 886 110TH AVE., NORTH, SUITE 7 NAPLES, FL 34108			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
a. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDERMOTT, FRANK		NAME		
STREET ADDRESS	665 WIGGINS LAKE DRIVE #101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVICK, CAROLE		NAME		
STREET ADDRESS	768 WIGGINS LAKE DR #101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARNER, BRYAN		NAME		
STREET ADDRESS	886 110TH AVE N #7		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASSING, GEORGE		NAME		
STREET ADDRESS	773 WIGGINS LAKE DR #204		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, DAVID		NAME		
STREET ADDRESS	675 WIGGINS LAKE DR. #101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINTUCKY, BILL		NAME		
STREET ADDRESS	760 WIGGINS LAKE DR #105		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
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 reports 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					