


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90191 009 ****61.25

DOCUMENT # N36116 1. Entity Name WIGGINS LAKES & PRESERVE ASSOCIATION, INC.					
Principal Place of Business C/O PARADISE MANAGEMENT 840 111TH AVE N. #9 NAPLES, FL 34108 US			Mailing Address C/O PARADISE MANAGEMENT 840 111TH AVE N. #9 NAPLES, FL 34108 US		
2. Principal Place of Business C/O Paradise Property Mgmt Suite, Apt. #, etc. 810 Anchor Rock Drive City & State Naples FL Zip 34103 Country USA			3. Mailing Address C/O Paradise Property Mgmt Suite, Apt. #, etc. 810 Anchor Rock Drive City & State Naples FL Zip 34103 Country USA		
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 PARADISE MANAGEMENT 840 111TH AVE N. SUITE-9 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Paradise Property Management Group Street Address (P.O. Box Number is Not Acceptable) 810 Anchor Rock Drive City Naples FL Zip Code 34103		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jeannine R. Hedberg</i></u> CAM <u><i>Jeannine R. Hedberg</i></u> <u><i>4/13/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T LEVICK, CAROLE 768 WIGGINS LAKE DR #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Hayes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 675 Wiggins Lake Dr. # 201 Naples, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINTUCKY, WILLIAM <input type="checkbox"/> Delete 760 WIGGINS LAKE DR #105 NAPLES, FL 34110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marge Sanderlin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 781 Wiggins Lake Dr. # 204 Naples, FL 34110		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNPHY, JAMES <input type="checkbox"/> Delete 691 WIGGINS LAKES DR. #201 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	V EATON, MARY LOU <input type="checkbox"/> Delete 654 WIGGINS LAKES 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	T PAYETTE, GILLES <input type="checkbox"/> Delete 981 WIGGINS LAKES DR. #206 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	D HOLLER, KARL <input checked="" type="checkbox"/> Delete 757 WIGGINS LAKES DR. #201 NAPLES, FL 34110	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 exemptions contained in Chapter 119, 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: <u><i>Gilles Payette</i></u> <u><i>Director</i></u> <u><i>Treas.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4/12/06</i></u> <u><i>239-592-1424</i></u> <small>Date Daytime Phone #</small>		