


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

3. Mailing Address
C/O Paradise Property Mgmt

Suite, Apt. #, etc.
810 Anchor Rode Drive

Suite, Apt. #, etc.
810 Anchor Rode Drive

City & State
Naples FL

City & State
Naples FL

Zip
34103

Country
USA

Zip
34103

Country
USA

04062006 Chg-NP CR2E037 (11/05)

4. FEI Number
36-3716958

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 Rode Drive

City
Naples

State
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 *Jeanne R. Hedberg CAM* **Jeanne R. Hedberg** **4/13/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining.) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEVICK, CAROLE	
STREET ADDRESS	768 WIGGINS LAKE DR #101	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINTUCKY, WILLIAM	
STREET ADDRESS	760 WIGGINS LAKE DR #105	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	P	<input type="checkbox"/> Delete
NAME	DUNPHY, JAMES	
STREET ADDRESS	691 WIGGINS LAKES DR. #201	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	V	<input type="checkbox"/> Delete
NAME	EATON, MARY LOU	
STREET ADDRESS	654 WIGGINS LAKES DR. #101	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAYETTE, GILLES	
STREET ADDRESS	981 WIGGINS LAKES DR. #206	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLLER, KARL	
STREET ADDRESS	757 WIGGINS LAKES DR. #201	
CITY-ST-ZIP	NAPLES, FL 34110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Hayes	
STREET ADDRESS	675 Wiggins Lake Dr. # 201	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marge Surdentin	
STREET ADDRESS	781 Wiggins Lake Dr. # 204	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gilles Payette* **Gilles Payette** **4/12/06** **239-592-1424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #