

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90003 004 ****61.25

DOCUMENT # N36116 1. Entity Name WIGGINS LAKES & PRESERVE ASSOCIATION, INC.					
Principal Place of Business C/O PARADISE PROPERTY MGMT 810 ANCHOR RODE DRIVE NAPLES, FL 34103 US			Mailing Address C/O PARADISE PROPERTY MGMT 810 ANCHOR RODE DRIVE NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #, etc. <i>90 Galt Preserve Mgmt</i> 8910 TERRENE CT			3. Mailing Address <i>90 Galt Preserve Mgmt</i> 8910 TERRENE CT		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State Bonita Springs, FL			City & State Bonita Springs, FL		
Zip 34135		Country USA		Zip 34135	
Country USA		4. FEI Number 36-3716958			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARADISE PROPERTY MANAGEMENT GROUP 810 ANCHOR RODE DRIVE NAPLES, FL 34103					
7. Name and Address of New Registered Agent Name: WEIDNER, RALPH L. Street Address (P.O. Box Number is Not Acceptable): 90 Galt Preserve Mgmt, LLC 8910 TERRENE CT, #200 City: Bonita Springs FL Zip Code: 34135					
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: <i>WEIDNER, RALPH L.</i> <i>WEIDNER, RALPH L.</i> 5/2/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	LEVICK, CAROLE				
CITY-ST-ZIP	781 WIGGINS LAKE DR. #204				
	NAPLES, FL 34110				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	WINTUCKY, WILLIAM				
CITY-ST-ZIP	760 WIGGINS LAKE DR #105				
	NAPLES, FL 34110				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	DUNPHY, JAMES				
CITY-ST-ZIP	691 WIGGINS LAKES DR. #201				
	NAPLES, FL 34110				
TITLE	NAME	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS	EATON, MARY LOU				
CITY-ST-ZIP	654 WIGGINS LAKES DR. #101				
	NAPLES, FL 34110				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	PAYETTE, GILLES				
CITY-ST-ZIP	981 WIGGINS LAKES DR. #206				
	NAPLES, FL 34110				
TITLE	NAME	<input type="checkbox"/> Delete			
STREET ADDRESS	HAYES, JOHN				
CITY-ST-ZIP	675 WIGGINS LAKE DR. #201				
	NAPLES, FL 34110				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS	<i>Dunphy Mgmt</i>				
CITY-ST-ZIP	781 WIGGINS LAKE DR. #204				
	NAPLES, FL 34110				
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	<i>W/D</i>				
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: <i>J.M. DUNPHY</i> 5/2/07 (239) 514-4563 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					