


**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 #, Suite, Apt. #, etc.  
**8910 TERRENE CT, #200**

3. Mailing Address  
**8910 TERRENE CT  
 Suite, Apt. #, etc. **Suite 200****


City & State  
**Bonita Springs, FL**

City & State  
**Bonita Springs, FL**

Zip  
**34135**

Country  
**USA**

4014103



02192007 Chg-NP CR2E037 (12/06)

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 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)  
**8910 TERRENE CT, #200**

City  
**Bonita Springs**

State  
**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 **WEIDNER RALPH L. WEIDNER RALPH L.** DATE **5/2/07**

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, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVICK, CAROLE 781 WIGGINS LAKE DR. #204 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINTUCKY, WILLIAM 760 WIGGINS LAKE DR #105 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNPHY, JAMES 691 WIGGINS LAKES DR. #201 NAPLES, FL 34110 <input type="checkbox"/> Delete	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 654 WIGGINS LAKES DR. #101 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAYETTE, GILLES 981 WIGGINS LAKES DR. #206 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, JOHN 675 WIGGINS LAKE DR. #201 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: **J.M. DUNPHY** DATE: **5/2/07** DAYTIME PHONE: **(239) 514-4563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR