
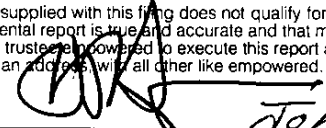


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90024 019 \*\*\*\*61.25

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>DOCUMENT # N36116</b><br>1. Entity Name<br><b>WIGGINS LAKES &amp; PRESERVE ASSOCIATION, INC.</b>   |  |   |   |    |   |
| Principal Place of Business<br><b>8910 TERRENE CT<br/>SUITE 200<br/>BONITA SPRINGS, FL 34135 US</b>   |  |   | Mailing Address<br><b>8910 TERRENE CT<br/>SUITE 200<br/>BONITA SPRINGS, FL 34135 US</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b>   |  |   | 3. Mailing Address<br><b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b>                     |   |   |
| Suite, Apt. #, etc.<br>   |  |   | Suite, Apt. #, etc.<br>   |   |   |
| City & State<br>  |  |   | City & State<br>  |   |   |
| Zip<br>   |  | Country<br>   |   | 01042008 Chg-NP CR2E037 (12/06)   |   |
| 4. FEI Number<br><b>36-3716958</b>  |  |   |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><b>WEIDNER, RALPH L<br/>8910 TERRENE CT SUITE 200<br/>BONITA SPRINGS, FL 34135</b>  |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                            |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LEVICK, CAROLE<br>781 WIGGINS LAKE DR. #204<br>NAPLES, FL 34110   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>WINTUCKY, WILLIAM<br>760 WIGGINS LAKE DR #105<br>NAPLES, FL 34110 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S/D<br>Wooten, George<br>790 Wiggins Lake Dr., #104<br>Naples, FL 34134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DUNPHY, JAMES<br>691 WIGGINS LAKES DR. #201<br>NAPLES, FL 34110   | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Hecht, Eberhard<br>733 Wiggins Lake Dr., #102<br>Naples, FL 34110  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SUNDERLIN, MARGE<br>781 WIGGINS LAKE DR 204<br>NAPLES, FL 34110   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T/D<br>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>PAYETTE, GILLES<br>981 WIGGINS LAKES DR. #206<br>NAPLES, FL 34110 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V/D<br>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>HAYES, JOHN<br>675 WIGGINS LAKE DR. #201<br>NAPLES, FL 34110     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P/D<br>   |
| 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. |  |   |   |   |   |
| <b>SIGNATURE:</b>  <b>John Hayes</b> 3/6/08 (239) 598-5590<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # vb</small>  |  |   |   |   |   |