
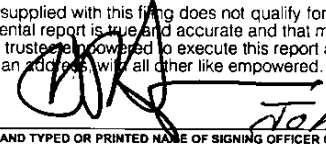


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # N36116</b>					
1. Entity Name <b>WIGGINS LAKES &amp; PRESERVE ASSOCIATION, INC.</b>					
Principal Place of Business 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US			Mailing Address 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # %Gulf Breeze Mgmt. Svcs. of SW FL, LLC		3. Mailing Address %Gulf Breeze Mgmt. Svcs. of SW FL, LLC		40031807	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 36-3716958 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WEIDNER, RALPH L</b> 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b> City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVICK, CAROLE		NAME		
STREET ADDRESS	781 WIGGINS LAKE DR. #204		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTUCKY, WILLIAM		NAME	Wooten, George	
STREET ADDRESS	760 WIGGINS LAKE DR #105		STREET ADDRESS	790 Wiggins Lake Dr., #104	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34134	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNPHY, JAMES		NAME	Hecht, Eberhard	
STREET ADDRESS	691 WIGGINS LAKES DR. #201		STREET ADDRESS	733 Wiggins Lake Dr., #102	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNDERLIN, MARGE		NAME		
STREET ADDRESS	781 WIGGINS LAKE DR 204		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYETTE, GILLES		NAME		
STREET ADDRESS	981 WIGGINS LAKES DR. #206		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JOHN		NAME		
STREET ADDRESS	675 WIGGINS LAKE DR. #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		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: 			Date: <b>3/16/08</b>		Daytime Phone #: <b>(239) 598-5590</b>
vb					