

80123837

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N36116		
1. Entity Name WIGGINS LAKES & PRESERVE ASSOCIATION, INC.		
Principal Place of Business C/O WBG SW FL INC. 3461 BONITA BAY BLVD #101 BONITA SPRINGS, FL 34134 US		Mailing Address C/O WBG SW FL INC. 3461 BONITA BAY BLVD #101 BONITA SPRINGS, FL 34134 US
2. Principal Place of Business <i>to The Warner Corp</i> Suite, Apt. #, etc. <i>886 110th Ave N #7</i> City & State <i>Naples - FL</i> Zip <i>34108</i> Country <i>US</i>		3. Mailing Address <i>to The Warner Corp</i> Suite, Apt. #, etc. <i>886 110th Ave N #7</i> City & State <i>Naples - FL</i> Zip <i>34108</i> Country <i>US</i>
4. FEI Number 36-3716958		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WARNER, BRYAN J THE WARNER CORPORATION 886 110TH AVE., NORTH, SUITE 7 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 date if applicable. (NOTE: Registered Agent signature required when illustrating)</small>		
FILE NOW FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCDERMITT, FRANK 666 WIGGINS LAKE DRIVE #101 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVICK, CAROLE 768 WIGGINS LAKE DR #101 NAPLES, FL 34110 <input type="checkbox"/> Delete	<i>SD Warner Bryan J. 886 110th Ave N #7 Naples, FL 34108</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIMISON, SHIRLEY 736 WIGGINS LAKE DR #102 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASSING, GEORGE 773 WIGGINS LAKE DR #204 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, DAVID 676 WIGGINS LAKE DR. #101 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTUCKY, BILL 760 WIGGINS LAKE DR #105 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		5/1/03 239-591-1800 Date Daytime Phone #

CFR2037 (10/02)