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FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37621 (2)
 1. Corporation Name
WIGGINS LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O TRAMCO 5085 E TAMiami TRAIL NAPLES FL 33962 US	Mailing Address % TRAMCO 5085 E. TAMiami TRAIL NAPLES FL 34113-4126 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 04/16/1996
4. FEI Number 36-3716957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MART, GARY E.
5085 TAMiami TRAIL, E
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	ANDERSON, WENDELL
STREET ADDRESS	5085 TAMiami TRAIL E.
CITY-ST-ZIP	NAPLES FL 34113
TITLE	SD <input type="checkbox"/> DELETE
NAME	CLEARY, RICHARD
STREET ADDRESS	C/O TRAMCO INC, 5085 TAMiami TRAIL E
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KOBS, JANE C
STREET ADDRESS	5085 TAMiami TRAIL E.
CITY-ST-ZIP	NAPLES FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	TURNER, BRIAN
STREET ADDRESS	5085 TAMiami TRAIL E.
CITY-ST-ZIP	NAPLES FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	POLACEK, JOSEPH
STREET ADDRESS	5085 TAMiami TRAIL, E
CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marguerite Robinson
1.3 STREET ADDRESS	5085 Tamiami Trail E
1.4 CITY-ST-ZIP	Naples, FL 34113
2.1 TITLE	2ndV/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Karl Holler
3.3 STREET ADDRESS	5085 Tamiami Trail E
3.4 CITY-ST-ZIP	Naples, FL 34113
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

CR2E037 (9/96)