FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N2256

(6)

SUPPORTERS OF DEL-NOR WIGGINS PARK, INC.

Principal Place of Business Mailing Address

DELNOR-WIGGINS PASS SRA DELNOR-WIGGINS PASS

APPROVED AND FILED

97 FEB 21 AMID: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business DELNOR-WIGGINS PASS SRA 111000 GUIF SHORE DRIVE NORTH		Mailing Address DELNOR-WIGGINS PASS SRA 111000 GULF SHORE DRIVE NORTH		I SOUTH ON THE TOUR TRANSPORT OF THE			
NAPLES FL 339	963	NAPLES FL 33963		3. Date Incorporated or Qualified 09/18/1987	3a. Date of Last Re 02/05/199	port 6	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For	
21		26		65-0013222		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	iditional	
22		27		o. Continuate of Status Desired	Fee Rec	uired	
City & State	9	City & State	, , , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing	\$5.00 N	Aay Be	
23	· · · · · · · · · · · · · · · · · · ·	28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to	Fees	
Žip	Country	Zip	Country	8. This corporation has liability for i		199.032,	
24	25	29 30)		Yes No		
	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	pistered Agent		
			OI MARINE			1	
MIKTUK, ROSEMARY			82 Street Address (P.O. Box Number is Not Acceptable)				
4501 SPRING CREEK		changed 46		80 FiJI LANE			
#210 addition to			83 Ra	NITA SPRINGS			
BONITA	SPRINGS FL 33923	-	84 City		85 Zip C	ode	
					FL 84	134	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, of Florida, Such change was put	the above-named o	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its	registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Floric	la Statutes.	Station of Chicolors, 1 riploby accep	the appointment de n	ABusion or	
SIGNATURE .							
	Signature, typed or printed name of registered ager		egistered Agent eignature re	· · · · · · · · · · · · · · · · · · ·	DATE		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
TITLE	Db	C DELEGE	1.1 TITLE	Placemary Mikhuk	A CHAINGE	L. ADOILION	
NAME	MIKTUK, ROSEMARY			4600 Fill lane			
STREET ADDRESS	4501 SPRING CREEK #210		TO DIRECT HADDINGSO		24.24.		
CITY-ST-ZIP	BONITA SPRINGS FL 33923	FA DELETE	1.4 CITY-ST-ZIP	Boneto Springs, te	24124	1 1 1 1 1 1 1 1	
TITLE	DV	₩ DELETE	2.1 TITLE	p.v.	Change	Addition]	
NAME	BRENNAN, JOHN		22 NAME	BARBARM SMITH			
STREET ADDRESS	703 107 AVENUE, NORTH	,	2.3 STREET ADDRESS	GIO 97 AUS. N.			
CITY-ST-ZIP	NAPLES FL 33963	- December 1	2.4 CITY+ST-ZIP	NAPLES F1 . 34108	[7] 61	1 1 1 4 4 9 5	
TITLE	DS MODOY 10VOE	☐ DELETE	3.1 TIYLE	· · · · · · · · · · · · · · · · · · ·	. Change	Addition	
NAME	MCCOY, JOYCE		3.2 NAME				
STREET ADDRESS	549 PALM RIVER DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33942	☐ DELETE	3.4. CITY-ST-ZIP		1 1 64	T Agains	
TITLE	DT DELEV KAV	□ DETELE	4.1 TITLE		L. Change	L. Addition	
NAME	PELEY, KAY		4. 2 NAME				
STREET ADDRESS	586 NORTH 108 AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 33963	T DELETE	4.4 CITY-ST-ZIP		1 8122	1 (23:55-	
TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELETE	5.1 TITLE	, e	☐ Change	Addition	
NAME	CHATHAM, JIMMY		52 NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	v.,		
STREET ADDRESS	310 NW 12 AVE		5.3 STREET ADDRESS	The state of the s			
CITY-ST-ZIP	NAPLES FL 33964		5.4 CITY-ST-ZIP		T. A		
TITLE	D	☐ DELETE	6.1 TITLE	perala	Change	Addition	
NAME	WEST, EDNA		62 NAME	Pk (v).	•		
STREET ADDRESS	706 107 AVENUE NORTH		63 STREET ADDRESS	1			
CITY-ST-ZIP	NAPLES FL 33963		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 if changed, or on an attachment with an address.

SIGNATURE:

Rosensul Donas WIRED

Jan. 16, 1997

(941) 992.5830



Department of Environmental Protection

Lawton Chiles Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

Virginia B. Wetherell Secretary

February 19, 1997

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Dear Mr. Mann;

This letter is to certify to you that the *Supporters of Del-Nor Wiggins Park, Inc.* is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

From P. Marrella

Director

Division of Recreation and Parks

FPM/paw Attachments

a:cert.ftr