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NONPROFIT FLORIDA DEPARTMENT CORPORATION Sandra B. Mort					CONTRACT OF STATES	
ANNUAL REPORT			Secretary of State			
1998 DIVISION OF CO			ORPORATI	ONS	98 FEB -4 PM 12: 3	3
DOCUMENT # N22566 (6)						
SUPPORTERS OF DEL-NOR WIGGINS PARK, INC.					SECRETARY OF STAT TALLAHASSEE, FLORI	ር በለ
SUPPL	PHIERS OF DELTHON WIGH	AINS PARK, INC.			INCLUMENTAL PROPERTY OF THE SAME AND STATE OF THE SAME SAME SAME SAME SAME SAME SAME SAM	BYBAN BURN BARN BARNI BURNI NARA
Principal Place of Business Mailing Address					r todrisor die stote stadt ditte ditt diet i	azati Bilist azbit Albit Bilist (Abi
DELNOR-WIGGINS PASS SRA DELNOR-WIGGINS PASS SRA 111000 CHE SHOPE PRIME NORTH					3. Date Incorporated or Qualified	
111000 GULF SHORE DRIVE NORTH 111000 GULF SHORE DRIVE NOR NAPLES FL 33963 NAPLES FL 33963			E NORTH		09/18/1987	
					4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address					65-0013222	Not Applicable \$8.75 Additional
21 26					5. Certificate of Status Desired	Fee Required
Sulte, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00 May Be
27		City & State	·····	 -	7. Is this nonprofit corporation a homeown	Added to Fees
23	26				Yes	No
Zip			Country	/	B. This corporation owes or has paid the c	
24	9. Name and Address of Curren		30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	G. Harris and Address of Outron	r registored rigent	81	Name	10. Hand and Addies of New Hegisters	a vacur
MIKTUK, ROSEMARY				<u> </u>		
4880 FUI LANE				Street A	Address (P.O. Box Number is Not Acceptable)	
BONITA SPRINGS FL 34134			83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statute	s the abov	e-named c	corporation submits this statement for the purpose	
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						
	Signature, typed or printed name of registered age			eni signalura re	required when reinstating) DATE	ID DIDECTORO IN 40
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MIKTUK, ROSEMARY		1.2 NAME			C C Principo
STREET ADDRESS	4680 FIJI LANE			I ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-5			
TITLE	DV	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	SMITH, BARBARA		2.2 NAME			
STREET ADDRESS	810 97 AVE N		2.3 STREET	ADORESS		
CITY-ST-ZIP	NAPLES FL 34108		2. 4 CITY -		-0	
TITLE	DS	DELETE	3.1 TITLE		Ronald Kulpa 166 wiggins bay Dr Noples, The 3410	Change Addition
NAME	MCCOY, JOYCE	321			Oble Winging Boy Pr	
STREET ADDRESS	515 D. P.S. D. 000 to		3.3 STREET		Nacios III BAID	a.
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-	ST-ZIP	1.0 p. 2. 3 T.	☐ Change ☐ Addition
NAME	DT Peley, kay		4.1 TITLE 4. 2 NAME			
STREET ADDRESS	586 NORTH 108 AVENUE		4. 2 NAME 4.3 STREET	•		
CITY-ST-ZIP	NAPLES FL 33963		4.4 CITY - S		_	
TITLE	D	DELETÉ	5.1 TITLE		Jaha Rusanan	Change Addition
NAME	CHATHAM, JIMMY		5.2 NAME		one lotte Live N	- -
STREET ADDRESS	310 NW 12 AVE		5.3 STREET	ADDRESS	John Brennan 103 107th Live N Naples, FL 34109	_
CITY-ST-ZIP	NAPLES FL 33964		5.4 CITY - 9	T- ZIP	Naples, the 34109	8

NAPLES FL 33963 CITY-ST-ZIP 6.4 CITY - ST-ZIP 14. 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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

WEST, EDNA

706 107 AVENUE NORTH

STREET ADDRESS

TITLE

NAME

PASSICIAS SAINTHATACIPASSIV. Y

DELETE

1-21.00

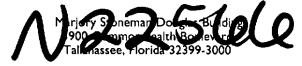
(011) 002-62-



Department of Environmental Protection



Lawton Chiles Governor



Virginia B. Wetherell Secretary

February 3, 1998

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 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

Director

Division of Recreation and Parks

FPM/paw Attachments