

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22566

1. Entity Name
SUPPORTERS OF DEL-NOR WIGGINS PARK, INC.



Principal Place of Business
**DELNOR-WIGGINS PASS SRA
111000 GULF SHORE DRIVE NORTH
NAPLES, FL 33963**

Mailing Address
**DELNOR-WIGGINS PASS SRA
111000 GULF SHORE DRIVE NORTH
NAPLES, FL 33963**

04 MAY 10 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0013222

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIKTUK, ROSEMARY
4680 FIJI LANE
BONITA SPRINGS, FL 34134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DP** ☐ Delete
NAME **MIKTUK, ROSEMARY**
STREET ADDRESS **4680 FIJI LANE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **DV** ☒ Change ☐ Addition
NAME **SADOWSKI, EDIE**
STREET ADDRESS **568 111TH AVE N**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **DV** ☒ Delete
NAME **CATALDO, PAULINE**
STREET ADDRESS **662 107TH AVE**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☒ Change ☐ Addition
NAME **CATALDO, PAULINE**
STREET ADDRESS **662 107TH AVE**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **SD** ☐ Delete
NAME **KULPA, HEIDI**
STREET ADDRESS **766 WIGGINS BAY DR**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☐ Change ☒ Addition
NAME **ERB, JOAN**
STREET ADDRESS **760 31ST N.W.**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **DT** ☐ Delete
NAME **PELEY, KAY**
STREET ADDRESS **586 NORTH 108 AVENUE**
CITY-ST-ZIP **NAPLES, FL 33963**

TITLE **D** ☐ Change ☒ Addition
NAME **THORSCHMIDT, RUTH**
STREET ADDRESS **573 108TH AVE N**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☒ Delete
NAME **SCHWARTZ, DIANE**
STREET ADDRESS **3580 GULF HARBOUR COURT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Change ☒ Addition
NAME **NYE, PHIL**
STREET ADDRESS **11 BLUEBILL AVE.**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☐ Delete
NAME **WEST, EDNA**
STREET ADDRESS **706 107 AVENUE NORTH**
CITY-ST-ZIP **NAPLES, FL 33963**

TITLE ☐ Change ☐ Addition
NAME **JB5/16**
STREET ADDRESS
CITY-ST-ZIP

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:

Rosemary Miktuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04
Date

Daytime Phone #



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen M. Castille
Secretary

May 3, 2004

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

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. Pursuant to F.S. 617.0122. This filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/jp

Attachments