

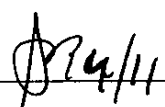


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N22566 1. Entity Name SUPPORTERS OF DEL-NOR WIGGINS PARK, INC.						FILED 07 APR 11 PM 2:41 STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business DELNOR-WIGGINS PASS SRA 11100 GULFSHORE DR NAPLES, FL 34108				Mailing Address DELNOR-WIGGINS PASS SRA 11100 GULFSHORE DR NAPLES, FL 34108					
2. Principal Place of Business - No P.O. Box # Delnor-Wiggins Pass State Park Suite, Apt. #, etc. 11135 Gulfshore Dr.		3. Mailing Address Delnor-Wiggins Pass State Park Suite, Apt. #, etc. 11135 Gulfshore Dr.		02042007 Chg-NP CR2E037 (12/06)		4. FEI Number 65-0013222		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Naples, FL		City & State Naples, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Zip 34108		Country USA	
6. Name and Address of Current Registered Agent CANTWELL, LOIS 684 WIGGINS LAKE DR. #102 NAPLES, FL 34110				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$61.25 Due by May 1, 2007			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	DP CANTWELL, LOIS <input type="checkbox"/> Delete STREET ADDRESS 684 WIGGINS LAKE DR #102 CITY-ST-ZIP NAPLES, FL 34110				TITLE	D Joan Erb <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 760 31st St. SW CITY-ST-ZIP Naples, FL 34120			
TITLE	DV LIDEN, DICK <input type="checkbox"/> Delete STREET ADDRESS 1829 PONDSIDE LANE CITY-ST-ZIP NAPLES, FL 34109				TITLE	D Phil Nye <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 11 Bluebill Ave. #1103 CITY-ST-ZIP Naples, FL 34108			
TITLE	DS GAGNIER, JOE <input type="checkbox"/> Delete STREET ADDRESS 1213 IMPERIAL DR CITY-ST-ZIP NAPLES, FL 34110				TITLE	D William Paul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 551 Cypress Way CITY-ST-ZIP Naples, FL 34110			
TITLE	DT PELEY, KAY <input type="checkbox"/> Delete STREET ADDRESS 586 NORTH 108 AVENUE CITY-ST-ZIP NAPLES, FL 33963				TITLE	D Fred Eckert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 14075 Tivoli Terrace CITY-ST-ZIP Bonita Springs, FL 34135			
TITLE	D CATALDO, PAULINE <input checked="" type="checkbox"/> Delete STREET ADDRESS 662 107TH AVE CITY-ST-ZIP NAPLES, FL 334108				TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DT WILLIAMS, OLGA <input type="checkbox"/> Delete STREET ADDRESS 762 97TH AVE N CITY-ST-ZIP NAPLES, FL 34108				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lois Cantwell</u> <u>Lois Cantwell</u>					Date <u>2/22/07</u>		Daytime Phone # <u>239-546-6216</u>		



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 9, 2007

Mr. Sean Toner
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

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. 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 Eryn Calabro at the above address, MS 535. If further information is needed feel free to call her at 245-2939.

Sincerely,

Mike Bullock
Director
Florida Park Service

MB/edc

Attachments