

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N22566

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

**Current Principal Place of Business:**

DELNOR-WIGGINS PASS STATE PARK  
11135 GULF SHORE DR.  
NAPLES, FL 34108

**Current Mailing Address:**

DELNOR-WIGGINS PASS STATE PARK  
11135 GULF SHORE DR.  
NAPLES, FL 34108 US

**FEI Number:** 65-0013222

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KMETZ, JANICE  
DELNOR-WIGGINS PASS STATE PARK  
11135 GULF SHORE DR.  
NAPLES, FL 34108 US

*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.*

**SIGNATURE:** JANICE KMETZ

**02/07/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KMETZ, JANICE  
Address        28760 BERMUDA BAY WAY  
                  #101  
City-State-Zip: BONITA SPRINGS FL 34134

Title            DIRECTOR  
Name            GRAHAM, DONNA  
Address        445 COVE TOWER DR  
                  #504  
City-State-Zip: NAPLES FL 34110

Title            VP  
Name            FINER, KIM  
Address        723 106TH AVENUE NORTH  
City-State-Zip: NAPLES FL 34108

Title            SECRETARY  
Name            THOMPSON, VALERIE  
Address        17 BLUEBILL AVE.  
                  #303  
City-State-Zip: NAPLES FL 34108

Title            TREASURER  
Name            COSENTINO, ERIC  
Address        9079 THE LANE  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            COUNSELMAN, ALBERT  
Address        12313 MICHAELSFORD ROAD  
City-State-Zip: COCKEYSVILLE MD 21030

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC COSENTINO

**TREASURER**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date