

2013 FLORIDA NOT FOR PROFIT CORPORATION 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. N.
NAPLES, FL 34108**Current Mailing Address:**DELNOR-WIGGINS PASS STATE PARK
11135 GULF SHORE DR. N.
NAPLES, FL 34108**FEI Number:** 65-0013222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEER, LARRY D
5275 BIRMINGHAM DR.
UNIT #102
NAPLES, FL 34110 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name BYRD, MARCIA
Address 1521 WEYBRIDGE CIRCLE
City-State-Zip: NAPLES FL 34110

Title D
Name GAGNIER, JOE
Address 1213 IMPERIAL DR.
City-State-Zip: NAPLES FL 34110

Title D
Name NYE, PHIL
Address 11 BLUEBILL AVE #1103
City-State-Zip: NAPLES FL 34108

Title DT
Name RASCH, KATHE
Address 5645 WHISPERWOOD #503
City-State-Zip: NAPLES FL 34110

Title DV
Name BEER, LARRY D
Address 5275 BIRMINGHAM DR., UNIT #102
City-State-Zip: NAPLES FL 34110

Title D
Name EASTLAKE, DAVID
Address 6464-201 HUNTINGTON LAKES
CIRCLE
City-State-Zip: NAPLES FL 34119

Title DS
Name PETRILLO, ANN
Address 11 BLUEBILL AVE. #201
City-State-Zip: NAPLES FL 34108

Title D
Name GAZDIC, JAN
Address 134 EDGEMERE WAY SO.
City-State-Zip: NAPLES FL 34105

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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: LARRY D. BEER

VICE PRESIDENT

02/20/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	D
Name	BELFIORI, TOM
Address	3490 LEEWARD PASSAGE CT. #203
City-State-Zip:	BONITA SPRINGS FL 34134