

2022 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:** Yes**Name and Address of Current Registered Agent:**BEER, LARRY
5275 BIRMINGHAM DR.
#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:** LARRY BEER

01/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MIYAMOTO, GABRIELLA
Address 164 HERON AVE
City-State-Zip: NAPLES FL 34108

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

Title DIRECTOR
Name FOSTER, KATHY
Address 608 EL CAMINO REAL
#201
City-State-Zip: NAPLES FL 34119

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

Title VP
Name GAGNON, HEIDI
Address 694 107TH AVE. N.
City-State-Zip: NAPLES FL 34108

Title PRESIDENT
Name GIBBONS, URSULA
Address 222 BURNT PINE DR.
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name CRAIG, BARBARA
Address 4171 SAWGRASS PT. DR.
#201
City-State-Zip: BONITA SPRINGS FL 34134

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

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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 BEER

01/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WALLIN, DONNA
Address	589 BEACHWALK CIRCLE P 102
City-State-Zip:	NAPLES FL 34108