

**2015 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  
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

01/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR  
Name MORGAN, ELSIE  
Address 20 SEAGATE DR.  
#501  
City-State-Zip: NAPLES FL 34103

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

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

**Continues on page 2**

*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

DIRECTOR

01/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	FOSTER, KATHY
Address	155 HERON AVE.
City-State-Zip:	NAPLES FL 34108