

2017 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

01/10/2017

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

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

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

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

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

Title PRESIDENT
Name FOSTER, KATHY
Address 155 HERON AVE.
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

DIRECTOR

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER
Name	DOUGAN, MILAGROS
Address	10087 BOCA CIRCLE
City-State-Zip:	NAPLES FL 34109