

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:28

DOCUMENT # 723949 (4)
1. Corporation Name
WING SOUTH AIRPARK PRIVATE VILLAS, INC.

Principal Place of Business

0 SKYWAY DR
NAPLES FL 33962

Mailing Address

0 SKYWAY DR
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1972

3a. Date of Last Report
01/31/1994

4. FEI Number
59-2528568

Applied For
Not Applicable

5. Certificate of Status Desired

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

TRAPP, ROBERT R
ZERO SKYWAY DRIVE
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert R. Trapp

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ATKINSON, GEORGE
STREET ADDRESS 9 SKYWAY DR.
CITY-ST-ZIP NAPLES FL 33962

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE VD
NAME KOSANKE, EDWARD KASER, JIM
STREET ADDRESS 36 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL 33962

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE STD
NAME TRAPP, ROBERT
STREET ADDRESS 8 SKYWAY DR. 302 18TH AVE. SOUTH
CITY-ST-ZIP NAPLES FL 33962

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE D
NAME BURCKY-PAUL AMORE, JOE
STREET ADDRESS 10 SKYWAY DR.
CITY-ST-ZIP NAPLES FL 33962

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE D
NAME THOMPSON, P DECKER, DICK
STREET ADDRESS 40 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL 33962

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

TITLE D
NAME CETINSKE, CHARLES
STREET ADDRESS 0 SKYWAY DR.
CITY-ST-ZIP NAPLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Trapp

11/21/95 (8/13) 263-1890

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Signature 11/21/95