

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723949 (4)

1. Corporation Name

WING SOUTH AIRPARK PRIVATE VILLAS, INC.



Principal Place of Business

Mailing Address

0 SKYWAY DR
NAPLES FL 33962

0 SKYWAY DR
NAPLES FL 33962

3. Date Incorporated or Qualified
07/25/1972

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2528568

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRAPP, ROBERT R
ZERO SKYWAY DRIVE
NAPLES FL 33962

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Robert R. Trapp ROBERT R. TRAPP TREASURER

(NOTE: Registered Agent signature required when reinstating)

DATE

FEBRUARY 14, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PO~~ D ☐ DELETE
NAME ATKINSON, GEORGE
STREET ADDRESS 9 SKYWAY DR.
CITY-ST-ZIP NAPLES FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~PO~~ PD ☐ DELETE
NAME KASER, JIM
STREET ADDRESS 36 SKY WAY DRIVE
CITY-ST-ZIP NAPLES FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~PO~~ TD ☐ DELETE
NAME TRAPP, ROBERT
STREET ADDRESS 302 18TH AVE. SOUTH
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~PO~~ VO ☐ DELETE
NAME AMORE, JOE
STREET ADDRESS 45 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME ~~DECKER, DICK~~
STREET ADDRESS 57 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME EDWARD THOMPSON
5.3 STREET ADDRESS 40 SKYWAY DRIVE
5.4 CITY-ST-ZIP NAPLES, FLORIDA 33962

TITLE D ☒ DELETE
NAME GETTSKE, CHARLES
STREET ADDRESS 6 SKYWAY DR.
CITY-ST-ZIP NAPLES FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME DALE MOHABACHER
6.3 STREET ADDRESS 23 SKYWAY DRIVE
6.4 CITY-ST-ZIP NAPLES, FLORIDA 33962

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 119.07(3)(k), 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 DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (941) 263-1890

Date

Daytime Phone #

CR2E037 (12/95)