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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4130  
9 SKYWAY DR  
NAPLES FL 33963

Mailing Address

4130 SKYWAY DR  
NAPLES FL 33963



3. Date Incorporated or Qualified  
07/25/1972

3a. Date of Last Report  
03/06/1996

2. Principal Place of Business

21 4130 SKYWAY DR.

2a. Mailing Address

26 4130 SKYWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL.

City & State

28 NAPLES, FL.

Zip

24 USA

Country

Zip

29 USA

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 302 18TH AVE. S.  
NAPLES FL 33962  
34102

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

11/19/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ATKINSON, GEORGE

STREET ADDRESS 3947 SKYWAY DR.

CITY-ST-ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME KASER, JIM

STREET ADDRESS 36 SKYWAY DRIVE

CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE

NAME TRAPP, ROBERT

STREET ADDRESS 302 18TH AVE. SOUTH

CITY-ST-ZIP NAPLES FL

TITLE VD ☐ DELETE

NAME AMORE, JOE

STREET ADDRESS 46 SKYWAY DRIVE

CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME THOMPSON, EDWARD

STREET ADDRESS 40 SKYWAY DRIVE

CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME MOHRBACHER, DALE

STREET ADDRESS 43 SKYWAY DRIVE

CITY-ST-ZIP NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

SCHINDLER, RON

3961 SKYWAY DRIVE

NAPLES, FL.

D

MYERS, ROY

3874 SKYWAY DRIVE

NAPLES, FL.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079980

CR2E037 (9/96)