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Feb 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4310 SKYWAY DRIVE
NAPLES FL 34112
US

4130 SKYWAY DRIVE
NAPLES FL 34112
US

3. Date Incorporated or Qualified

07/25/1972

4. FEI Number

59-2528568

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

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

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
NAME ATKINSON, GEORGE
STREET ADDRESS 3947 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

1.1 TITLE D
1.2 NAME MYERS, ROY
1.3 STREET ADDRESS 3874 SKYWAY DRIVE
1.4 CITY-ST-ZIP NAPLES, FL

TITLE PD
NAME KASER, JIM
STREET ADDRESS 4119 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

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

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

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

TITLE VD
NAME AMORE, JOE
STREET ADDRESS 4080 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

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

TITLE D
NAME THOMPSON, EDWARD
STREET ADDRESS 4120 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

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

TITLE D
NAME SCHINDLER, RON
STREET ADDRESS 3961 SKYWAY DRIVE
CITY-ST-ZIP NAPLES FL

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

14. I 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: ROBERT R. TRAPP

1/16/98 (941)
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