


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723949					
1. Corporation Name WING SOUTH AIRPARK PRIVATE VILLAS, INC.					
Principal Place of Business 4310 SKYWAY DRIVE NAPLES FL 34102 US			Mailing Address 4130 SKYWAY DRIVE NAPLES FL 34102 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/25/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2528568	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24 34112		25		29 34112 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TRAPP, ROBERT R ZERO SKYWAY DRIVE NAPLES FL 34102				81 Name RICHARD LYTLE 82 Street Address (P.O. Box Number is Not Acceptable) 83 4130 SKYWAY DRIVE 84 City NAPLES FL 85 Zip Code 34112			

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 617.0903, Florida Statutes.

SIGNATURE **RICHARD A. LYTLE** *Richard A. Lytle* DATE **3-5-99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINSON, GEORGE	1.2 NAME	RATCLIFF, WILLIAM
STREET ADDRESS	3947 SKYWAY DRIVE	1.3 STREET ADDRESS	4093 SKYWAY DRIVE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FLA 34112
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASER, JIM	2.2 NAME	LYTLE, RICHARD
STREET ADDRESS	4119 SKYWAY DRIVE	2.3 STREET ADDRESS	3892 SKYWAY DRIVE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FLA 34112
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAPP, ROBERT	3.2 NAME	SIMPSON, LINDA
STREET ADDRESS	302 18TH AVE. SOUTH	3.3 STREET ADDRESS	4138 SKYWAY DRIVE
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FLA 34112
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMORE, JOE	4.2 NAME	AMRHEIN, TONY
STREET ADDRESS	4060 SKYWAY DRIVE	4.3 STREET ADDRESS	1195 SANDPIPER ST
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FLA 34112
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, EDWARD	5.2 NAME	ETTER, ROBERT
STREET ADDRESS	4120 SKYWAY DRIVE	5.3 STREET ADDRESS	3940 SKYWAY DRIVE
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FLA 34112
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHINDLER, RON	6.2 NAME	WHIPPLE, FLORENCE
STREET ADDRESS	3961 SKYWAY DRIVE	6.3 STREET ADDRESS	4150 SKYWAY DRIVE
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES, FLA 34112

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE: *Richard A. Lytle* **3-5-99** (941) 793-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #