


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 770805 1. Entity Name SOUTHWEST EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6214 PRESIDENTIAL CT. STE. G FORT MYERS, FL 33919 US	Mailing Address 6214 PRESIDENTIAL CT. STE. G FORT MYERS, FL 33919 US
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04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2342534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, GORDON B
6214 PRESIDENTIAL CT
SUITE G
FORT MYERS, FL 33919

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, GORDON. B 6214 PRESIDENTIAL ST, SW SUITE G FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NYMAN, DON 1728 SE 40TH TERRACE CAPE CORAL, FL 33904
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05/27/08-80072-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gordon B Davis **GORDON B DAVIS** 4/23/08 239-482-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #