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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27318

1. Corporation Name

SOUTHWEST FLORIDA LAND PRESERVATION TRUST, INC.

Principal Place of Business

P.O. BOX 2721
NAPLES FL 33939

Mailing Address

P.O. BOX 2721
NAPLES FL 33939

* 5 1 7 4 4 1 - 9 0 1 0 3 - 9 1 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/08/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0066474

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSIDOMO, KATHLEEN C.
2640 GOLDEN GATE PKY
SUITE 310
NAPLES FL 33942

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 PD ☐ DELETE
NAME GOETZ, ELLIN
STREET ADDRESS 399 TWELFTH AVE. S.
CITY-ST-ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director
Goetz, Ellin
399 Twelfth Ave. S.
Naples, FL
☒ Change ☐ Addition

TITLE VD ☐ DELETE
NAME SCOTT CAMERON
STREET ADDRESS 1250 TAMAIMI TRAIL N.
CITY-ST-ZIP NAPLES FL

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

President
Scott Cameron
1250 Tamiami Trail N.
Naples, FL
☒ Change ☐ Addition

TITLE SD ☒ DELETE
NAME CHRIS STRATON
STREET ADDRESS 1441 GULF COAST DR.
CITY-ST-ZIP NAPLES FL

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

☐ Change ☐ Addition

TITLE TD ☐ DELETE
NAME OATES, EDWARD J. JR
STREET ADDRESS 635 PALM CIRCLE EAST
CITY-ST-ZIP NAPLES FL 33940

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

☐ Change ☐ Addition

TITLE SD ☐ DELETE
NAME FRENCH, ALFRED W
STREET ADDRESS 649 5TH AVE. SOUTH
CITY-ST-ZIP NAPLES FL

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)