

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730754

**FILED**  
**Feb 24, 2014**  
**Secretary of State**  
**CC5785628206**

**Entity Name:** LIGHTHOUSE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

35 WEST MARIANA AVENUE  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

P.O. BOX 3464  
N. FT. MYERS, FL 33918-3464

**FEI Number: 59-1665257**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FOWLER, DOUGLAS  
3355 NORTH KEY DRIVE  
#13  
NORTH FORT MYERS, FL 33903 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CABO SELLERS, CYNTHIA MRS  
Address        40121 LITTLE FARM ROAD  
City-State-Zip: PUNTA GORDA FL 33982

Title            SECRETARY  
Name            KAPLAN, OD, ANGELA  
Address        15735 CALOOSA CREEK CIRCLE  
City-State-Zip: FORT MYERS FL 33908

Title            EXECUTIVE DIRECTOR  
Name            FOWLER, DOUGLAS L  
Address        3355 NORTH KEY DRIVE  
                  #13  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            DIRECTOR-AT-LARGE  
Name            SMITH, MD, STEPHEN E  
Address        17700 CALOOSA ROAD  
City-State-Zip: ALVA FL 33920

Title            DIRECTOR-AT-LARGE  
Name            ROSEN, OD FAAO, JAY S  
Address        9050 PITTSBURGH BLVD  
City-State-Zip: FORT MYERS FL 33967

Title            TREASURER  
Name            ROBERTSON, DONALD  
Address        4520 MATCH POINTE LANE  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR-AT-LARGE  
Name            CORCORAN, ANGELA MS.  
Address        7502 VIBURNUM  
City-State-Zip: PUNTA GORDA FL 33955

Title            IMMEDIATE PAST PRESIDENT  
Name            CONNELL, EVAN  
Address        9962 VIA SAN MARCO LOOP  
City-State-Zip: FORT MYERS FL 33905

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DOUGLAS FOWLER**

**EXECUTIVE DIRECTOR**

**02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR-AT-LARGE  
Name SKINNER, CHRISTY  
Address 1213 NE 11TH STREET  
City-State-Zip: CAPE CORAL, FL 33909

Title DIRECTOR-AT-LARGE  
Name BARINA, JULIO  
Address 9091 ESTERO RIVER CIRCLE  
City-State-Zip: ESTERO FL 33928

Title DIRECTOR-AT-LARGE  
Name CRONIN, LISA  
Address 18435 DEEP PASSAGE LANE  
City-State-Zip: FORT MYERS BEACH FL 33931