**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 25, 2021**
**Secretary of State**
**8593207133CC**

DOCUMENT# 744232

**Entity Name:** AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2830 WINKLER AVE STE 112
FT MYERS, FL 33916

**Current Mailing Address:**

2830 WINKLER AVE
SUITE 112
FT MYERS, FL 33916 US

**FEI Number: 59-1854441**

**Certificate of Status Desired:** No

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

ADORNO, NORMA
2830 WINKLER AVE STE 112
FT MYERS, FL 33916 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 | CHAIRMAN |
| Name | HAYES, WENDY |
| Address | 18160 OLD DOMINION CT |
| City-State-Zip: | FT MYERS FL 33908 |

| | |
|---|---|
| Title | TREASURER |
| Name | BOERKOEL, DAVID |
| Address | 295 SAYBROOK CT |
| City-State-Zip: | NAPLES FL 34110 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GELLINGER, BRENDA |
| Address | 612 SANTA BARBARA BLVD |
| City-State-Zip: | CAPE CORAL FL 33991 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MORA, CIE |
| Address | 1004 SE 6TH ST |
| City-State-Zip: | CAPE CORAL FL 33990 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | PRATHER, ELIZABETH |
| Address | 1477 SAUTERN DR |
| City-State-Zip: | FT MYERS FL 33919 |

| | |
|---|---|
| Title | VC |
| Name | RICE, KATHLEEN |
| Address | 1972 ROSEATE LANE |
| City-State-Zip: | SANIBEL FL 33957 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KELLER, PAMELA |
| Address | 35380 WASHINGTON LOOP RD |
| City-State-Zip: | PUNTA GORDA FL 33982 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HANS, RYAN |
| Address | 370 MELROSE PL |
| City-State-Zip: | NAPLES FL 34104 |

**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: WENDY HAYES CHAIR 04/25/2021

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | BERGER, SUSAN E |
| Address | 3233 RAMBLEWOOD DRIVE N. |
| City-State-Zip: | SARASOTA FL 34237 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | NEIDICH, GEORGE |
| Address | 4880 VIA TOMASO |
| City-State-Zip: | VENICE FL 34293 |