

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**MORADO, MARICELA
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:** MARICELA MORADO

01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name WALKER, MERIAM JACQUILINE
Address 1032 3RD STREET
City-State-Zip: PALMDALE FL 33944

Title VC
Name KATZ, DANIEL
Address 8888 REDONDA DR
City-State-Zip: NAPLES FL 34110

Title DIRECTOR
Name CUMMINGS, JAHARA
Address 402 IDA AVENUE
City-State-Zip: PUNTA GORDA FL 33950

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

Title TREASURER
Name ANDERSON, GARRETT
Address 9061 BRAMLEY TERRACE
City-State-Zip: FORT MYERS FL 33907

Title CHAIRMAN
Name CLACK, LESLEY DR.
Address 6101 DEER RUN
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR
Name STEWART, CHRISTINA
Address 15642 ANGELICA DRIVE
City-State-Zip: ALVA FL 33920

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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: GARRETT ANDERSON**TREASURER**

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STARYK, VICTORIA
Address 11480 VILLA GRAND
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name MCNULTY, DENISE DR.
Address PO BOX 0702
City-State-Zip: NAPLES FL 34106