

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744232

Entity Name: AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**15201 N. CLEVELAND AVE.
1100
NO FT MYERS, FL 33903**Current Mailing Address:**15201 N CLEVELAND AVE
1100
NO FT MYERS, FL 33903 US**FEI Number: 59-1854441****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LORINI, MARIANNE G
15201 N CLEVELAND AVE
1100
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:** MARIANNE G LORINI

02/25/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LUCCHINO, RONALD PHD
Address	1211 GULF OF MEXICO DR #507
City-State-Zip:	LONGBOAT KEY FL 34228

Title	TREASURER
Name	MCCOULOUGH, HANNA
Address	P.O. BOX 2670
City-State-Zip:	LABELLE FL 33975

Title	VP
Name	ROSS, DOUG
Address	3039 NEW ENGLAND STREET
City-State-Zip:	SARASOTA FL 34231

Title	DIRECTOR
Name	BOAZ-HAYES, WENDY
Address	18160 OLD DOMINION COURT
City-State-Zip:	FORT MYERS FL 33908

Title	DIRECTOR
Name	FELKE, THOMAS
Address	14734 INDIGO LAKES CIRCLE
City-State-Zip:	NAPLES FL 34117

Title	DIRECTOR
Name	GUZMAN, NELSON DHSC,PA-C
Address	2301 HARVARD AVENUE
City-State-Zip:	FORT MYERS FL 33907

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: RONALD LUCCHINO, PHD

PRESIDENT/CEO

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date