

**2022 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:**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	BERGER, SUSAN E
Address	3233 RAMBLEWOOD DRIVE N.
City-State-Zip:	SARASOTA FL 34237

Title	DIRECTOR
Name	ANDERSON, GARRETT
Address	609 W GIBSON ST
City-State-Zip:	ARCADIA FL 34266

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

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

Title	DIRECTOR
Name	WALKER, MERIAM JACQUINE
Address	266 BRYAN AVENUE
City-State-Zip:	LABELLE FL 33935

Title	DIRECTOR
Name	KATZ, DANIEL
Address	8888 REDONDA DR
City-State-Zip:	NAPLES FL 34114

*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

04/29/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date