

2016 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.
SUITE 1100
NORTH FT MYERS, FL 33903**Current Mailing Address:**15201 N CLEVELAND AVE
SUITE 1100
NORTH 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
SUITE 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

01/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name WHITWORTH, JOHN STEVEN
Address 374 PARKER ST NE
City-State-Zip: LAKE PLACID FL 33852

Title VC
Name HAYES, WENDY
Address 18160 OLD DOMINION CT
City-State-Zip: FT MYERS FL 33908

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

Title DIRECTOR
Name SCHMIDT, THOMAS
Address 14750 SIX MILE CYPRESS PKWY
City-State-Zip: FT MYERS FL 33912

Title DIRECTOR
Name NESHEIM-PLONSKI, CHRISTINE
Address 5690 HARBORAGE DR
City-State-Zip: FT MYERS FL 33908

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

Title DIRECTOR
Name BAKER, HEATHER
Address 4161 KATHY AVE
City-State-Zip: NAPLES FL 34104

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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: RONALD LUCCHINO

CHAIRMAN

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name CASSIDY, SUSAN DR.
Address 2750 GULF SHORE BLVD. N.
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name ROSS, DOUGLAS PHD
Address 3986 OVERLOOK BEND
City-State-Zip: SARASOTA FL 34232