

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007616

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC5374661351**

**Entity Name:** SOUTHWEST FLORIDA GUILD OF THE CMA, INC.

**Current Principal Place of Business:**

13150 PONDEROSA WAY  
FORT MYERS, FL 33907

**Current Mailing Address:**

13150 PONDEROSA WAY  
FORT MYERS, FL 33907 UN

**FEI Number:** 45-3021757

**Certificate of Status Desired:** Yes

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

HANNAN, STEPHEN EMD  
13150 PONDEROSA WAY  
FORT MYERS, FL 33907 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	DIRECTOR	Title	PRESIDENT
Name	JAQUITH, MICHAEL MD	Name	HANNAN, STEPHEN EMD
Address	401 HANCHEY DRIVE	Address	13150 PONDEROSA WAY
City-State-Zip:	NACOMIS FL 34275	City-State-Zip:	FORT MYERS FL 33907
Title	DIRECTOR	Title	TREASURER
Name	REARDON, DAVID MD	Name	SANTUCCI, RAY
Address	6568 SANDSPUR LANE	Address	12401 CANNON LANE
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33912
Title	DIRECTOR	Title	SECRETARY
Name	RODRIGUEZ, JOHN	Name	ERQUIGA, GENE
Address	15400 BLACKHAWK DRIVE	Address	340 OSPREY POINT DRIVE
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	OSPREY FL 34229

*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:** STEPHEN E. HANNAN, M.D.

**PRESIDENT**

**04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date