

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007616

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
Name	JAQUITH, MICHAEL MD
Address	401 HANCHEY DRIVE
City-State-Zip:	NACOMIS FL 34275

Title	PRESIDENT
Name	HANNAN, STEPHEN EMD
Address	13150 PONDEROSA WAY
City-State-Zip:	FORT MYERS FL 33907

Title	DIRECTOR
Name	REARDON, DAVID MD
Address	6568 SANDSPUR LANE
City-State-Zip:	FORT MYERS FL 33919

Title	TREASURER
Name	SANTUCCI, RAY
Address	12401 CANNON LANE
City-State-Zip:	FORT MYERS FL 33912

Title	DIRECTOR
Name	RODRIGUEZ, JOHN
Address	15400 BLACKHAWK DRIVE
City-State-Zip:	FORT MYERS FL 33912

Title	SECRETARY
Name	ERQUIGA, GENE
Address	340 OSPREY POINT DRIVE
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****03/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date