

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24950

Entity Name: SOUTHWEST CAPE CORAL NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Jan 15, 2016
Secretary of State
CC1257989217**Current Principal Place of Business:**2824 SW 38 TERR
CAPE CORAL, FL 33914**Current Mailing Address:**2824 SW 38 TERR
CAPE CORAL, FL 33914 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CERVONI, JOE
2824 SW 38 TERR
CAPE CORAL, FL 33914 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 PRESIDENT
Name CERVONI, JOE
Address 2824 SW 38 TERR
City-State-Zip: CAPE CORAL FL 33914Title VP
Name SWEIGERT, JIM
Address 2506 GREENDALE PL
City-State-Zip: CAPE CORAL FL 33991Title OFFICER
Name CATALFAMO, SAL
Address 4810 SW 25TH CT
City-State-Zip: CAPE CORAL FL 33914Title OFFICER
Name STOUT, MARILYN
Address 2907 SW 29TH AVENUE
City-State-Zip: CAPE CORAL FL 33914Title TREASURER
Name FIELDS, DAWN
Address 1617 SANTA BARBARA BLVD., STE 1
City-State-Zip: CAPE CORAL FL 33991Title SECRETARY
Name NEGRON, WINSTON
Address 2007 SW 30TH TERRACE
City-State-Zip: CAPE CORAL FL 33914

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: JOE CERVONI**PRESIDENT****01/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date