

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27318

Entity Name: SOUTHWEST FLORIDA LAND PRESERVATION TRUST, INC.**Current Principal Place of Business:**3200 BAILEY LANE
SUITE 199
NAPLES, FL 34105**Current Mailing Address:**P.O. BOX 2465
NAPLES, FL 34106**FEI Number:** 65-0066474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRIER, ELINOR V
3200 BAILEY LANE
SUITE 199
NAPLES, FL 34105 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 ARSENAULT, EILEEN
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name BARBER, FREDERICK R
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name CAMERON, R. SCOTT
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title VP
Name GRANT, RICHARD C
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title TD
Name BRIANT, PENNY
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title PRESIDENT
Name BARTON, WILLIAM L.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR, SECRETARY
Name CARROLL, PAT
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name FAERBER, CATHERINE
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

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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: WILLIAM BARTON

PRESIDENT

06/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLAGG, DIANE B.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name JARON, STEPHEN M.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name RYKER, ALAN
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name SLACK, MARK
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name TURRELL, TODD T.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name SOREY, JOHN F III
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name GOETZ, ELLIN
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name KRAGH, MATTHEW
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name SCOFIELD, MILES L.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name TEARS, CLARENCE S. JR.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name NOLTON, MATT H.
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105

Title DIRECTOR
Name WATERS, DAN
Address 3200 BAILEY LANE
SUITE 199
City-State-Zip: NAPLES FL 34105