

2018 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: PENNY BRIANT**TREASURER****01/17/2018**_____
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