

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27318

Entity Name: SOUTHWEST FLORIDA LAND PRESERVATION TRUST, INC.**Current Principal Place of Business:**1100 5TH AVE S SUITE 201
NAPLES, FL 34102**Current Mailing Address:**1100 5TH AVE S SUITE 201
NAPLES, FL 34102**FEI Number:** 65-0066474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRIER, ELINOR V
C/O EK CONSULTING, INC.
1100 5TH AVE S STE 201
NAPLES, FL 34102 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 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BARBER, FREDERICK R
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name CAMERON, R. SCOTT
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title VP
Name GRANT, RICHARD C
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title TD
Name BRIANT, PENNY
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title PRESIDENT
Name BARTON, WILLIAM L.
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR, SECRETARY
Name CARROLL, PAT
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name FAERBER, CATHERINE
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Continues on page 2

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 A. BRIANT

TREASURER

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLAGG, DIANE B.
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name JARON, STEPHEN M.
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name RYKER, ALAN
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name SLACK, MARK
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name TURRELL, TODD T.
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name GOETZ, ELLIN
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name KRAGH, MATTHEW
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name SCOFIELD, MILES L.
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name TEARS, CLARENCE S. JR.
Address 1100 5TH AVE S SUITE 201
City-State-Zip: NAPLES FL 34102