

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005787

Entity Name: SOUTHWEST FLORIDA ESTATE PLANNING COUNCIL, INC.**Current Principal Place of Business:**1515 RINGLING BLVD
10TH FLOOR
SARASOTA, FL 34236**Current Mailing Address:**PO BOX 2098
SARASOTA, FL 34230 20**FEI Number:** 65-0786600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANS, RICHARD RESQ
1515 RINGLING BLVD
10TH FLOOR
SARASOTA, FL 34236 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	TORIANO, JEFFREY T
Address	WILIAMS PARKER 200 SOUTH ORANGE AVENUE
City-State-Zip:	SARASOTA FL 34236

Title	VPD
Name	SANDOVAL, TAMMIE M.
Address	BMO PRIVATE BANK 240 SOUTH PINEAPPLE SUITE 101
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER
Name	HINES, SUSAN H.
Address	SABAL TRUST 1800 2ND STREET SUITE 103
City-State-Zip:	SARASOTA FL 34236

Title	VPD
Name	BLEACH, KIMBERLY M.
Address	US TRUST, BANK OF AMERICA 50 CENTRAL AVENUE, SUITE 750
City-State-Zip:	SARASOTA FL 34236
Title	SECRETARY
Name	HAWKINS, CATHERINE A.
Address	PIPER HAWKINS & CO. 330 SOUTH PINEAPPLE AVENUE SUITE 106
City-State-Zip:	SARASOTA FL 34236

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: KIMBERLY M. BLEACH

VP

04/18/2019

Electronic Signature of Signing Officer/Director Detail_____
Date