

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002408

**Entity Name:** ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC3265464792**

**Current Principal Place of Business:**

8430 ABBINGTON CIRCLE  
C34  
NAPLES, FL 34108

**Current Mailing Address:**

8430 ABBINGTON CIRCLE  
C34  
NAPLES, FL 34108 US

**FEI Number: 59-3564206**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

METCALF, GEORGE R III  
8430 ABBINGTON CIRCLE  
C34  
NAPLES, FL 34108 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: GEORGE R. METCALF III**

**03/16/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAUCKHAM, DOUGLAS  
Address        7668 SUSSEX COURT  
City-State-Zip: NAPLES FL 34113

Title            DIRECTOR  
Name            HALMI, THOMAS D.  
Address        888 WOODSHIRE LANE  
                  L6  
City-State-Zip: NAPLES FL 34105

Title            TREASURER  
Name            METCALF, GEORGE R III  
Address        8430 ABBINGTON CIRCLE  
                  C34  
City-State-Zip: NAPLES FL 34108

Title            SECRETARY  
Name            HICKMAN, CAROLYN C  
Address        2850 GULF SHORE BLVD NORTH #408  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            LONG, DAVID J  
Address        2390 KING PALM WAY  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            SABISTON, GINA  
Address        1504 COCONUT DRIVE  
City-State-Zip: FORT MYERS FL 33901

Title            DIRECTOR  
Name            WEAVER, HARRY E  
Address        301 WEST STREET  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            MACLEOD, JOANNE  
Address        6247 ASHWOOD LANE  
City-State-Zip: NAPLES FL 34110

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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: GEORGE R. METCALF III**

**TREASURER**

**03/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FORSBREY, EWALD  
Address 1096 AUGUSTA FALLS WAY  
City-State-Zip: NAPLES FL 34119

Title VP  
Name CARPENTER, DAVID  
Address 8023 PRINCETON DRIVE  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name CLEVELAND, CARLETON III  
Address 7117 PELICAN BAY BLVD.  
APT. 204  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name NIND, CHRIS  
Address 928 BELLVIEW BLVD.  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name MCMACKIN, JOSEPH  
Address 2616 TREASURE LANE  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name BROWN, ROGER  
Address 18140 PARKSIDE GREENS DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name MUELLER, JANICE  
Address 2438 INDIAN PIPE WAY  
City-State-Zip: NAPLES FL 34105