

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002408

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

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**7504805997CC**

**Current Principal Place of Business:**

8023 PRINCETON DR  
NAPLES, FL 34104

**Current Mailing Address:**

4001 SANTA BARBARA BLVD  
#421  
NAPLES, FL 34104 US

**FEI Number: 59-3564206**

**Certificate of Status Desired: No**

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

CARPENTER, DAVID B  
8023 PRINCETON DR.  
NAPLES, FL 34104 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: DAVID B CARPENTER**

**02/05/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title           SECRETARY  
Name           BROWN, ROGER A  
Address       18140 PARKSIDE  
City-State-Zip: FT MYERS FL 33908

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

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

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

**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: DAVID B CARPENTER**

**PRESIDENT**

**02/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WILSON, BETTY  
Address 9962 BOCCA NORTH  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name KOBLISH, MARTHA  
Address 10826 PHOENIX WAY  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name DONALD, ROGER A  
Address 6646 CRAVEN HILL WAY  
City-State-Zip: NAPLES FL 34104