

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002408

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

Current Principal Place of Business:

8023 PRINCETON DR
NAPLES, FL 34104

FILED
Mar 17, 2020
Secretary of State
2885161712CC

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

03/17/2020

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

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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: DAVID B CARPENTER

PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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