

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G13720

**FILED**  
**Jul 22, 2015**  
**Secretary of State**  
**CC7344226797**

**Entity Name:** PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

4001 TAMIAMI TRAIL NORTH, SUITE 350  
NAPLES, FL 34103

**Current Mailing Address:**

4001 TAMIAMI TRAIL NORTH, SUITE 350  
NAPLES, FL 34103 US

**FEI Number:** 59-2258867

**Certificate of Status Desired:** No

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

GREEN, JUDITH A  
4001 TAMIAMI TRAIL NORTH  
SUITE 350  
NAPLES, FL 34103 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:** JUDITH A GREEN

07/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LUTGERT, SCOTT  
Address 4200 GULF SHORE BLVD N  
City-State-Zip: NAPLES FL 34103

Title P  
Name GREEN, JUDITH A  
Address 4001 TAMIAMI TRAIL NORTH, SUITE 350  
City-State-Zip: NAPLES FL 34103

Title V  
Name BRINGARDNER, JR, THOMAS A  
Address 4200 GULF SHORE BLVD. N.  
City-State-Zip: NAPLES FL 34103

Title VTSD  
Name GUTMAN, HOWARD B  
Address 4200 GULF SHORE BLVD., NORTH  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name MC CARTHY, CATHERINE M  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name HARRINGTON, CHRISTOPHER D  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name BLAIR, YVONNE  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name GREEN, RODNEY G  
Address 4001 TAMIAMI TRAIL NORTH SUITE 350  
City-State-Zip: NAPLES FL 34103

**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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDITH A GREEN

**PRESIDENT**

07/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MANAGER  
Name GLEESON, KURT S.  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name BRADWAY, LINDA  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name MANCINI, ELIZABETH C  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name RIVAIT, WILFRED R  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name SLOAN, JO-ANN  
Address 4001 TAMIAMI TRAIL NORTH, SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name DOUGHERTY, DAVID S  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name BURKE-PHILLIPS, MICHELLE  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name PATERSON, MARYELLEN  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name LAUREN, HENDRICKSON  
Address 4001 TAMIAMI TRAIL NORTH  
SUITE 350  
City-State-Zip: NAPLES FL 34103

Title MANAGER  
Name MARABELLA, JOHN  
Address 4001 TAMIAMI TRAIL NORTH, SUITE  
350  
City-State-Zip: NAPLES FL 34103