SIGNATURE	E BUDGE HUSKEY		03/23/202		
	Electronic Signature of Registered Agent		Date		
Officer/Dire	ctor Detail :				
Title	D	Title	DIRECTOR		
Name	LUTGERT, SCOTT	Name	GREEN, JUDITH ANNE		
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350		
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103		
Title	VTSD	Title	MANAGER		
Name	GUTMAN, HOWARD B	Name	BRADWAY, LINDA SHEARER		
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350		
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103		
Title	MANAGER	Title	MANAGER		
Name	OUELLETTE, KIM	Name	GAPE, DAVID ALAN		
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350		
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103		
Title	MANAGER	Title	CEO, PRESIDENT		
Name	KANT, PATRICIA	Name	HUSKEY, BUDGE STRATTON		
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350		
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103		
		Continues o	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

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

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

above, or on an attachment with all other like empowered.

SIGNATURE: BUDGE HUSKEY

# DOCUMENT# G13720

Entity Name: PREMIER PROPERTIES OF SOUTHWEST FLORIDA, INC.

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

# **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

FILED Mar 23, 2022 Secretary of State 0390678573CC

Electronic Signature of Signing Officer/Director Detail

PRESIDENT, CEO

03/23/2022

Date

### **Officer/Director Detail Continued :**

Title	MANAGER	Title	MANAGER
Name	WILLIAMS, DANIEL R	Name	CERRETA, CRAIG
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	MANAGER	Title	MANAGER
Name	POLLACK PRIETO, CAROLYN ANN	Name	FISHER, RACHEL LEA
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Address	4001 TAMIAMI TRAIL NORTH, SUITE
City-State-Zip:	NAPLES FL 34103	/ 100/000	350
Title	MANAGER	City-State-Zip:	NAPLES FL 34103
Name	WATERBURY, SANDRA GREENE	Title	MANAGER
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Name	GROSVENOR FELTS, CHELSEA
City-State-Zip:	NAPLES FL 34103	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350
Title	VP	City-State-Zip:	NAPLES FL 34103
Name	NEWELL, KRISTINE	Title	MANAGER
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Name	MCDONALD, ERIN
City-State-Zip:	NAPLES FL 34103	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350
Title	MANAGER	City-State-Zip:	NAPLES FL 34103
Name	MAX, JUANITA	2	
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350	Title	MANAGER
City-State-Zip:	NAPLES FL 34103	Name	OGILVIE, KATHLEEN
Title	MANAGER	Address	4001 TAMIAMI TRAIL NORTH, SUITE 350
Name	GOOD, MATTHEW	City-State-Zip:	NAPLES FL 34103
Address	4001 TAMIAMI TRAIL NORTH, SUITE 350		
City-State-Zip:			