

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710402 (9)
1. Corporation Name
THE CONSERVANCY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business 1450 MERRIHUE DR NAPLES FL 34102 US	Mailing Address 1450 MERRIHUE DR NAPLES FL 33942 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 02/21/1966
4. FFI Number 59-1157084
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DAVID E GUGGENHEIM 710 STARBOARD DR NAPLES FL 34103	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE **David E. Guggenheim, President** **1/5/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	RATLIFF, EUGENE <input checked="" type="checkbox"/> DELETE	1.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 777 GULF SHORE BLVD N		1.2 NAME Edward Jates	
STREET ADDRESS NAPLES FL		1.3 STREET ADDRESS 2935 Bellflower Lane	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Naples, FL 34105	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIFFORD, BEVERLY A		2.2 NAME	
STREET ADDRESS 7923 GRAND BAY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID E GUGGENHEIM		3.2 NAME	
STREET ADDRESS 710 STARBOARD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
TITLE DVC	<input type="checkbox"/> DELETE	4.1 TITLE C (Chairwoman)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELLIN GOETZ		4.2 NAME	
STREET ADDRESS 399 TWELFTH AVE. SO.		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		4.4 CITY-ST-ZIP	
TITLE C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HIGHMARK, DAVID A		5.2 NAME Richard Terrell	
STREET ADDRESS 4001 N TAMiami TRAIL		5.3 STREET ADDRESS 122 Moorings Park Dr.	
CITY-ST-ZIP NAPLES FL		5.4 CITY-ST-ZIP Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME YORK, DONALD J		6.2 NAME Carl Bontemps	
STREET ADDRESS 154 AMBLEWOOD LANE		6.3 STREET ADDRESS 7515 Pelican Blvd.	
CITY-ST-ZIP NAPLES FL		6.4 CITY-ST-ZIP Naples, FL 34109	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David E. Guggenheim, President** **1/5/98 (941) 403-4209**

CR2E037 (10/97)