Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

Suite, Apt. #, etc.

26

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 710402

2. Principal Place of Business

Suite, Apt. #, etc.

THE CONSERVANCY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address		
1450 MERRIHUE DR NAPLES FL 34102 US	1450 Merrihue dr Naples Fl 3034 4 Us		
00	00		

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90043 015 ****70.00



3: Date Incorporated or Qualifed

02/21/1966

4. FEI Number 59-1157084

22		27			59-1157084	Not	Applicable
City & Stat	e	City & State			5. Certifcate of Status Desired	\$8.75 A	
23		28				ree Rec	Junea
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 (- 1
24	25	29 34102 30	D		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
DAVID F (GUGGENHEIM		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	BOARD DR						
NAPLES F			83				
MAILLO	L 34103		84	0:1-		85 Zip C	ode
			04	City	F	EL °S ZIP C	000
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 egent, or bold, 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 647.0503, Florida Statutes. SIGNATURE Significantly 12, 1999 NOTE: Registered Agent signature required when reinstating) DATE							
12.	OF CERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	β _T ' \	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	OATES, EDWARD		1.2 NAME				
STREET ADDRESS	2935 BELLFLOWER LANE		1.3 STREET	ADDRE\$S			i
CITY-ST-ZIP	NAPLES FL 34105		1.4 CITY-ST				
TITLE	SD	⅓ DELETE	2.1 TITLE	SI		Change	Addition
NAME	GIFFORD, BEVERLY A		2.2 NAME		ICHARD C. GRANT		
STREET ADDRESS	7923 GRAND BAY DR		2.3 STREET		58 CARIBBEAN ROAD		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-S	r-ZIP NA	APLES, FL. 34108		
TITLE	P	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	DAVID E GUGGENHEIM		3.2 NAME				
STREET ADDRESS	710 STARBOARD DR		3.3 STREET	ADORESS		•	
CITY-ST-ZIP	NAPLES FL		3.4, CITY-S	r-ZIP			
TITLE	C	☐ DELETE	4.1 TITLE	D		⊠ Change	☐ Addition
NAME	ELLIN GOETZ		4. 2 NAME	_	•		
STREET ADDRESS	399 TWELFTH AVE. SO.		4.3 STREET	ADDRESS	•		İ
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST				
TITLE	DVC	XX DELETE	5.1 TITLE	I-	VC .	☐ Change	Addition
NAME	TERRELL, RICHARD		5.2 NAME		. ROBERT CLAY		
STREET ADDRESS	122 MORNINGS PARK DRIVE		5.3 STREET		1623 USEPPA COURT		
CITY-ST-ZIP	NAPLES FL 34105		5.4 CITY-ST	-ZIP N	APLES, FL. 34110		
TITLE	D	☐ DELETE	6.1 TITLE	С		Change	☐ Addition
NAME.	BONTEMPS, CARL		6.2 NAME	{			
STREET ADDRESS	7515 PELICAN BLVD		6.3 STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34109		6.4 CITY-ST	-ZIP			
14 I bereby e	INTLESTE STUD	this filing does not qualify for th			Section 119 07(3)(i) Florida Statutes, I further	certify that the in	formation

indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 1.18.07(3)(f), Frontal statutes. It this feeting that the 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 attact them an address, with all other like empowered.

SIGNATURE:

January 12, 1999

(941) 262-0304

Daytime Phone #