2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# 710402

Entity Name: CONSERVANCY OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1450 MERRIHUE DR
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1450 MERRIHUE DR
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-1157084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCELWAINE, ANDREW
1450 MERRIHUE DR
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NICK, PENNIMAN
Address: 611 PORTSIDE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete
Name: DOLPH, VON ARX
Address: 3663 RUM ROW
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete
Name: WILLIAMS, PAMELA C
Address: 3440 RUM ROW
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: MCELWAINE, ANDREW
Address: 1450 MERRIHUE DR
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete
Name: THOMAS, GARY
Address: 575 18TH AVE S.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: VON ARX, DOLPH
Address: 3663 RUM ROW
City-St-Zip: NAPLES, FL 34102

Title: VD (X) Change ( ) Addition
Name: HILL, ANDREW D
Address: 405 GERMAIN AVE.
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: MC ELWAINE, ANDREW
Address: 1450 MERRIHUE DR
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREW MC ELWAINE PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date