


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 721591 1. Entity Name SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.	
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Principal Place of Business 3005 SE 22ND PLACE CAPE CORAL, FL 33904	Mailing Address 3005 SE 22ND PLACE CAPE CORAL, FL 33904
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01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2247534	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUNG, ARTHUR 3005 SE 22ND PLACE CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MAKI, NADINE 5248 LAMBERT DRIVE FORT MYERS, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, ARTHUR 3005 SE 22ND PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ROSEN, JAY 9050 PITTSBURGH BLVD FORT MYERS, FL 339127205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, BRENDA 12631 STRATHMORE LOOP FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERHEYDEN, TERRY 2007 DEERFIELD CIRCLE FORT MYERS, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, DON 3218 DEL PRADO BLVD. CAPE CORAL, FL 33904

U00000581550
01/10/07-80091-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-07 2395424627
Date Daytime Phone