

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721591

FILED
Jan 07, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

3005 SE 22ND PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

9284 TRIESTE DRIVE
FORT MYERS, FL 33913

Current Mailing Address:

3005 SE 22ND PLACE
CAPE CORAL, FL 33904

New Mailing Address:

9284 TRIESTE DRIVE
FORT MYERS, FL 33913

FEI Number: 59-2247534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, ARTHUR
3005 SE 22ND PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

YOUNG, ARTHUR
9284 TRIESTE DRIVE
FORT MYERS, FL 33913 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: MAKI, NADINE
Address: 5248 LAMBERT DRIVE
City-St-Zip: FORT MYERS, FL 34145

Title: T () Delete
Name: YOUNG, ARTHUR
Address: 3005 SE 22ND PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: SVP () Delete
Name: KAPLAN, STUART
Address: 15595 IONA LAKES DR
City-St-Zip: FORT MYERS, FL 339081851

Title: D () Delete
Name: HART, BRENDA
Address: 12631 STRATHMORE LOOP
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: VANDERHEYDEN, TERRY
Address: 2007 DEERFIELD CIRCLE
City-St-Zip: FORT MYERS, FL 34109

Title: D () Delete
Name: WILLIAMSON, DON
Address: 3218 DEL PRADO BLVD.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: YOUNG, ARTHUR
Address: 9284 TRIESTE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: P (X) Change () Addition
Name: KAPLAN, STUART
Address: 15595 IONA LAKES DR
City-St-Zip: FORT MYERS, FL 339081851

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

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

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: ARTHUR YOUNG

TRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date