2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# 721591

Entity Name: SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

9284 TRIESTE DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

9284 TRIESTE DRIVE
FORT MYERS, FL 33913

New Mailing Address:

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
9284 TRIESTE DRIVE
FORT MYERS, FL 33913 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: SVP
Name: MAKI, NADINE
Address: 5248 LAMBERT DRIVE
City-St-Zip: FORT MYERS, FL 34145

Title: T
Name: YOUNG, ARTHUR
Address: 9284 TRIESTE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: P
Name: KAPLAN, STUART
Address: 15735 CALOOSA CREEK CIRCLE
City-St-Zip: FORT MYERS, FL 339086737

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR YOUNG TRES 01/04/2010

Electronic Signature of Signing Officer or Director — Date