

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721591

FILED
Jan 04, 2011
Secretary of State

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: VP
Name: MARHUE, BRIAN
Address: 11291 MAHOGANY RUN
City-St-Zip: FORT MYERS, FL 33913

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: S
Name: WILLIAMSON, CHRIS
Address: 3218 DEL PRADO BLVD S
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: TUCKER, TERRY
Address: 88 PINE ISLAND ROAD STE 3
City-St-Zip: FORT MYERS, FL 33903

Title: D
Name: EADS, BONNIE
Address: 60 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

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

T

01/04/2011

Electronic Signature of Signing Officer or Director

Date