

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90942 034 ****61.25

DOCUMENT # 737188

1. Entity Name

SENIOR CONNECTIONS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**475 COWBOY WAY
P.O. BOX 2400
LA BELLE FL 33975-2400
US**

Mailing Address

**475 COWBOY WAY
P.O. BOX 2400
LA BELLE FL 33975-2400
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1741198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEMIANOWSKI, TOM
982 HONEYBEE DR.
NAPLES FL 33999**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **HOWARD, SETH**
CITY-ST-ZIP **5522 FRONTIER CIRCLE**
LABELLE FL 33935

TITLE ☒ Change ☐ Addition
NAME **T/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PLUMMER, WESALINE**
CITY-ST-ZIP **1001 N. 15TH ST.**
IMMOKALEE FL

TITLE ☐ Change ☒ Addition
NAME **P/D**
STREET ADDRESS **Millard Wagon**
CITY-ST-ZIP **2230 WAYLIFE CT.**
ALVA, FL 33920

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LOUKONEN, JOANNE**
CITY-ST-ZIP **P O BOX 1990**
IMMOKALEE FL 34143

TITLE ☒ Change ☐ Addition
NAME **VP/D**
STREET ADDRESS **?**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUSCHEN, ANN MARIE**
CITY-ST-ZIP **6 MARINA DRIVE**
LABELLE FL 33935

TITLE ☒ Change ☐ Addition
NAME **S/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, MARY**
CITY-ST-ZIP **604 S. 5TH STREET**
IMMOKALEE FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GERALDINE NOBLES**
CITY-ST-ZIP **620 FT. THOMPSON AVE.**
LABELLE FL 33935

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HOLLAND, WINIFRED M**
CITY-ST-ZIP **425 DAVIS ST.**
LABELLE FL 33935

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MARYRUTH PROUTY**
CITY-ST-ZIP **625 BRYAN AVE.**
LABELLE, FL 33935

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *C. S. DUSCHEN*

CR2E037 (10/02)