

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738674

FILED
Apr 12, 2006
Secretary of State

Entity Name: SOUTH WEST ANGLERS CLUB, INC.

Current Principal Place of Business:

3611 SE 17TH AVE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

4345 S.W. 5TH PLACE
CAPE CORAL, FL 33914 US

Current Mailing Address:

P.O. BOX 100096
CAPE CORAL, FL 33910 US

New Mailing Address:

P.O. BOX 100056
CAPE CORAL, FL 33910 US

FEI Number: 59-1739352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTER, OWEN E
426 NE 14TH AVE
CAPE CORAL, FL 33909 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: PD () Delete
Name: WALTER, OWEN E
Address: 426 NE 14TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: TD () Delete
Name: PASSALACQUA, LILLIAN
Address: 4345 SW 5TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: DZWIL, RAYMOND
Address: 422 CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: PASSALACQUA, JOSEPH
Address: 4345 SW 5TH PL
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: CONATON, JOHN
Address: 131 SW 42ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: LESLIE, FLOYD
Address: 211 LINHART AVE.
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: OWEN E WALTER

PD

04/12/2006

Electronic Signature of Signing Officer or Director

Date