

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738674

FILED
Apr 03, 2009
Secretary of State

Entity Name: SOUTH WEST ANGLERS CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-1739352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLAMECO, LOUIS PRES
16656 CROWNSBURY WAY
FT. MYERS, FL 33908 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: COLAMECO, LOUIS PRES
Address: 16656 CROWNSBURY WAY
City-St-Zip: FT. MYERS, FL 33908

Title: VP () Delete
Name: CHRISTY, NICK V.PRES
Address: 1109 SW 44TH ST
City-St-Zip: CAPE CORAL, FL 33914

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

Title: S () Delete
Name: TAYLOR, LOIS SECY
Address: 4510 N.KEY DR.
City-St-Zip: N. FT MYRTS, FL 33903

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

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

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: S (X) Change () Addition
Name: PASSALACQUA, LILLIAN SECY
Address: 4345 SW 5TH.PL
City-St-Zip: CAPE CORAL, FL 33914

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: LILLIAN PASSALACQUA

SECY

04/03/2009

Electronic Signature of Signing Officer or Director

Date