


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90309 015 ***150.00

DOCUMENT # J52458	
1. Entity Name RESORT PROPERTY OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business % VICKI CHAN 4800 AIRPORT ROAD NAPLES, FL 33942	Mailing Address % VICKI CHAN 4800 AIRPORT ROAD NAPLES, FL 33942
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2. Principal Place of Business 3785 Airport Road	3. Mailing Address 3785 Airport Road
Suite, Apt. #, etc. Suite B-2	Suite, Apt. #, etc. Suite B-2

City & State Naples, FL	City & State Naples, FL
Zip 34105	Zip 34105
Country USA	Country USA

04092005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2770905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent CHAN, VICKI 4800 AIRPORT RD NAPLES, FL 34105	
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7. Name and Address of New Registered Agent Name CHAN, VICKI Street Address (P.O. Box Number is Not Acceptable) 3785 Airport Road, Ste B-2 City Naples FL Zip Code 34105	
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. VICKI CHAN SIGNATURE _____ DATE 04/10/05	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAN, MA. VICTORIA A. <input type="checkbox"/> Delete 4800 AIRPORT ROAD NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROMA, FELICITAS DELA M <input type="checkbox"/> Delete 4800 AIRPORT ROAD NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSTOSA, JOCELYN A <input type="checkbox"/> Delete 4800 AIRPORT RD. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAN, MA. VICTORIA A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3785 Airport Road, Ste B-2 Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANCANAN, NOEL L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3785 Airport Road, Ste B-2 Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANCANAN, JOCELYN C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3785 Airport Road, Ste B-2 Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CU UNJIENG, WILLIAM R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3785 Airport Road, Ste B-2 Naples, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: MA VICTORIA CHAN 	04/10/05 239-2635095 Date Daytime Phone #