

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2008 08:00 AM
Secretary of State**

DOCUMENT # J52458

1. Entity Name
RESORT PROPERTY OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**3785 AIRPORT ROAD
SUITE B-2
NAPLES, FL 34105**

Mailing Address
**3785 AIRPORT ROAD
SUITE B-2
NAPLES, FL 34105**



02162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2770905	Applied For 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
3785 AIRPORT ROAD
SUITE B-2
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAN, MA. VICTORIA A
STREET ADDRESS	3785 AIRPORT ROAD, SUITE B-2
CITY-ST-ZIP	NAPLES, FL 34105

TITLE	TD
NAME	ANCANAN, JOCELYN C
STREET ADDRESS	3785 AIRPORT ROAD, SUITE B-2
CITY-ST-ZIP	NAPLES, FL 34105

TITLE	SD
NAME	ANCANAN, NOEL L.
STREET ADDRESS	3785 AIRPORT ROAD, SUITE B-2
CITY-ST-ZIP	NAPLES, FL 34105

TITLE	CD
NAME	UNJIENG, WILLIAM R.
STREET ADDRESS	3785 AIRPORT ROAD, SUITE B-2
CITY-ST-ZIP	NAPLES, FL 34105

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jocelyn Ancanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08
Date

239-2631900
Daytime Phone #