

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008109

FILED
Jul 06, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA CHAPTER OF THE RISK AND INSURANCE MANAGEMENT SOCIETY, INC.

Current Principal Place of Business:

% COLLIER ENTERPRISES
3003 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103

New Principal Place of Business:

COLLIER ENTERPRISES
3003 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103

Current Mailing Address:

% COLLIER ENTERPRISES
3003 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103

New Mailing Address:

C/O HR DIRECTOR; COLLIER ENTERPRISES
3003 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103

FEI Number: 65-1125939 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAVLICK, CHERYL
3003 TAMiami TRAIL NORTH
SUITE 400
NAPLES, FL 34103 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: P () Delete
Name: FUERNTER, FRANCISCO
Address: CHICO'S, 11215 METRO PARKWAY
City-St-Zip: FORT MYERS, FL 32966

Title: VP () Delete
Name: HOFBAUER, NANCY
Address: KRAFT CONST., 3520 KRAFT ROAD
City-St-Zip: NAPLES, FL 34105

Title: S () Delete
Name: FLYALKO, WAYNE
Address: LCEC, POST OFFICE 3455
City-St-Zip: NORTH FORT MYERS, FL 33918

Title: T () Delete
Name: PAVLICK, CHERYL
Address: COLLIER ENT., 3003 TAMiami TRL N #400
City-St-Zip: NAPLES, FL 34103

Title: D (X) Delete
Name: STIRNNEIS, VIRGINIA
Address: WCI COMM. INC., 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Delete
Name: KUEHN, PAM
Address: WCI COM. INC., 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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 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: CHERYL PAVLICK

TREA

07/06/2009

Electronic Signature of Signing Officer or Director

Date