

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000510

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** THE FILIPINO-AMERICAN ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

522 SE 47TH TER.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100985  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 65-1050222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTSON, NOEL K  
108 SW 38TH PL  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

TAN, CORA E M.D.  
12651 ALLENDALE CIRCLE  
FORT MYERS, FL 33912 US

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: CORA E. TAN, M.D.

01/06/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBERTSON, NOEL K  
Address: 108 SW 38TH PL  
City-St-Zip: CAPE CORAL, FL 33991

Title: D ( ) Delete  
Name: JAVIER-THEOPISTOS, ZENAIDA  
Address: 4403 SE 20TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: BATTISTA, MARCELLE  
Address: 3507 COLONY COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: HAMOY, ALICE MD  
Address: 12359 ANGLERS COVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: ALINEA, AUGUSTO MD  
Address: 4905 SW 10TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: ANDRES, BOBBY  
Address: 1114 SE 22ND TERR  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TAN, CORA E M.D.  
Address: 12651 ALLENDALE CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition  
Name: HAMOY, ALICE MD  
Address: 12359 ANGLERS COVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Change ( ) Addition  
Name: ISBERTO, JEANNE  
Address: 1511N.E. 2ND. TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: D (X) Change ( ) Addition  
Name: CADSAWAN, IRENEO MD  
Address: 1920 SW 45TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Change ( ) Addition  
Name: GAVIN, JEROME  
Address: 5228 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

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 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 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: CORA E. TAN, MD

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date