2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N01000000510

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:

TAN, CORA E M.D.
12651 ALLENDALE CIRCLE
FORT MYERS, FL 33912 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:	TAN, CORA E M.D.	
Address:	12651 ALLENDALE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	D	( ) Delete
Name:	HAMOY, ALICE MD	
Address:	12359 ANGLERS COVE	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	D	( ) Delete
Name:	ISBERTO, JEANNE	
Address:	1511N.E. 2ND. TERRACE	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	D	( ) Delete
Name:	CADSAWAN, IRENEO MD	
Address:	1920 SW 45TH STREET	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	D	( ) Delete
Name:	GAVIN, JEROME	
Address:	5228 DEL PRADO BLVD.	
City-St-Zip:	CAPE CORAL, FL 33904	
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:	( ) 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 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: CORA E. TAN, MD P 01/18/2006

Electronic Signature of Signing Officer or Director — Date