

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90020 005 \*\*\*\*70.00

<b>DOCUMENT # N01000004682</b> 1. Entity Name <b>SOUTHWEST FLORIDA WATERSHED COUNCIL, INC.</b>			
Principal Place of Business <b>BEACON EXECUTIVE SUITES</b> <b>8359 BEACON BLVD.</b> <b>FORT MYERS, FL 33907</b>		Mailing Address <b>PO BOX 61063</b> <b>FT MEYERS, FL 33906</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State <b>Fort Myers, FL</b>	
Zip Country		Zip Country	
4. FEI Number <b>65-1129647</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUTLER, GAREY F</b> <b>C/O HUMPHREY &amp; KNOTT, P.A.</b> <b>1625 HENDRY STREET</b> <b>FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ANDRESS, NOEL</b> <b>8905 CYPRESS PRESERVE PLACE</b> <b>FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Strutzel, Janet</b> <b>8905 Cypress Preserve Place</b> <b>Fort Myers, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BAUER, MICHAEL</b> <b>109 DEBRON DRIVE</b> <b>NAPLES, FL 34112</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bixler, Matthew</b> <b>2515 First Street, #24</b> <b>Fort Myers, FL 33901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BROOKMAN, SUSAN</b> <b>18060 OTTER WATER WAY</b> <b>ALVA, FL 33920</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Hauritsen, Jason</b> <b>368 Sanctuary Road</b> <b>Naples, FL 34120</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CAPECE, JOHN</b> <b>132 NORTH LEE STREET</b> <b>LABELLE, FL 33935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Savarese, Michael</b> <b>3734 Recreation Lane</b> <b>Naples, FL 34116</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>SPANG, HENRY</b> <b>595 CALOOSA ESTATES DRIVE</b> <b>LABELLE, FL 33935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>SAVARESE, MICHAEL</b> <b>10501 PGCU BLVD SOUTH</b> <b>FT MEYERS, FL</b>	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)(l), 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 617, 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.			
<b>SIGNATURE: Susan E. Brookman Susan E. Brookman February 4, 2004 239-822-1319</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			