

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90551 026 ****61.25

DOCUMENT # N01000004682

1. Entity Name
SOUTHWEST FLORIDA WATERSHED COUNCIL, INC.



Principal Place of Business
BEACON EXECUTIVE SUITES
8359 BEACON BLVD.
FORT MYERS, FL 33907

Mailing Address
PO BOX 61063
FT MEYERS, FL 33906

~00000620



2. Principal Place of Business

PO Box 61063

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04112005 Chg-NP CR2E037 (10/03)

City & State

Fort Myers FL

City & State

4. FEI Number
65-1129647

Applied For
Not Applicable

Zip

33906

Country

Lee

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTLER, GAREY F
C/O HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET
FORT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **ANDRESS, NOEL**
STREET ADDRESS **8905 CYPRESS PRESERVE PLACE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **D** ☒ **Delete**
NAME **BAUER, MICHAEL**
STREET ADDRESS **109 DEBRON DRIVE**
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☒ **Delete**
NAME **BROOKMAN, SUSAN**
STREET ADDRESS **18060 OTTER WATER WAY**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE **D** ☐ **Delete**
NAME **SAVARESE, MICHAEL**
STREET ADDRESS **3734 RECREATION LANE**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **D** ☒ **Delete**
NAME **STRUTEEL, JANET**
STREET ADDRESS **8905 CYPRESS IWANE PLACE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **D** ☐ **Delete**
NAME **BIXLER, MATTHEW**
STREET ADDRESS **2515 FIRST STREET, #24**
CITY-ST-ZIP **FORT MYERS, FL 33901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **Change** ☐ **Addition**
NAME **ANDRESS, NOEL**
STREET ADDRESS **PO Box 420**
CITY-ST-ZIP **Pineland, FL 33945**

TITLE ☐ **Change** ☒ **Addition**
NAME **KAREN BICKFORD**
STREET ADDRESS **1165 Palm Ave #314**
CITY-ST-ZIP **Fort Myers FL 33903**

TITLE ☐ **Change** ☒ **Addition**
NAME **MATT FISHER**
STREET ADDRESS **12800 University Dr Suite 400**
CITY-ST-ZIP **Fort Myers FL 33907**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **Jason Lauritsen**
STREET ADDRESS **368 Sanctuary RD**
CITY-ST-ZIP **Naples FL 34120**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE

Noel Andress

4/14/05