

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90062 025 ****61.25

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1. Entity Name
SOUTHWEST FLORIDA WATERSHED COUNCIL, INC.



Principal Place of Business
**P.O. BOX 61063
FORT MYERS, FL 33906**

Mailing Address
**PO BOX 61063
FT MYERS, FL 33906**

DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1129647

Applied For
Not Applicable

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**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAWL, GREG
STREET ADDRESS	POST OFFICE BOX 1604
CITY-ST-ZIP	FORT MYERS, FL 33902
TITLE	D
NAME	ARNOLD, SHARON
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., SUITE 160
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	FISHER, MATT
STREET ADDRESS	12800 UNIVERSITY PARK DRIVE, SUITE 400
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D
NAME	HECKER, JENNIFER
STREET ADDRESS	1450 MERRIHUE DRIVE
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	CASSANI, JOHN
STREET ADDRESS	POST OFFICE BOX 60005
CITY-ST-ZIP	FORT MYERS, FL 33906
TITLE	D
NAME	PIGOTT, TAMARA
STREET ADDRESS	12800 UNIVERSITY DRIVE, SUITE 550
CITY-ST-ZIP	FORT MYERS, FL 33907

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Sharon Arnold **Sharon Arnold**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-07

239 275 5758

Date

Daytime Phone #