



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90018 011 ****61.25

DOCUMENT # N01000004682					
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		
2. Principal Place of Business - No P.O. Box # 1625 Hendry Street Suite, Apt. #, etc.		3. Mailing Address Above Suite, Apt. #, etc.			
City & State Ft. Myers, Florida		City & State		4. FEI Number 65-1129647	
Zip 33901		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
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 RAWL, GREG POST OFFICE BOX 1604 FORT MYERS, FL 33902		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Evans, James 800 Dunlop Road Sanibel, FL 33957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARNOLD, SHARON 1520 ROYAL PALM SQUARE BLVD., SUITE 160 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FISHER, MATT 12800 UNIVERSITY PARK DRIVE, SUITE 400 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HECKER, JENNIFER 1450 MERRIHUE DRIVE NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASSANI, JOHN POST OFFICE BOX 60005 FORT MYERS, FL 33906		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Cassani, John 15191 Homestead Road Lehigh Acres, FL 33971	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PIGOTT, TAMARA 12800 UNIVERSITY DRIVE, SUITE 550 FORT MYERS, FL 33907		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 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: <i>Sharon Arnold</i>			04-22-08		239 2755758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #