

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006614

FILED  
Jun 04, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF ASIAN AMERICAN PROFESSIONALS IN SW FLORIDA, INC.

**Current Principal Place of Business:**

500 LOGAN BLVD  
NAPLES, FL 34119

**New Principal Place of Business:**

7134 BLUE JUNIPER COURT  
102  
NAPLES, FL 34109

**Current Mailing Address:**

PO BOX 9875  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 59-3726509      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LIN, JUDY E  
7134 BLUE JUNIPER COURT  
102  
NAPLES, FL 34109 US

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: D (X) Delete  
Name: WRIGHT, JUDY  
Address: 28201 JENEVA WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete  
Name: LIN, JENNIFER K  
Address: 12409 MUDDY CREEK LANE  
City-St-Zip: FT. MYERS, FL 33913

Title: SD ( ) Delete  
Name: LIN, JUDY E  
Address: 4001 TAMAMI TRAIL N  
City-St-Zip: NAPLES, FL 34103

**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:

I hereby certify that the information supplied with this filing does not qualify 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: JUDY E. LIN

SD

06/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date