


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 007 ****61.25

DOCUMENT # N02000008054	
1. Entity Name COMMERCIAL INVESTMENT PROFESSIONALS OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 7980 SUMMERLIN LAKES DR. STE. 210 FT. MYERS, FL 33907	Mailing Address 7980 SUMMERLIN LAKES DR. STE. 210 FT. MYERS, FL 33907
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40035420



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. STE 201		Suite, Apt. #, etc. STE. 201	
City & State		City & State	
Zip	Country	Zip	Country

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number 54-2090386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SCHUMANN, RAYMOND L ESQ. 27200 RIVER CENTER BLVD STE 103 FT. MYERS, FL 33919	

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBACK, JIM 7980 SUMMERLIN LAKES DR #201 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, ED 1584 TREDEGAR FT. MYERS, FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAHAIE, ERIC 7910 SUMMERLIN LAKES DRIVE FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, JR, WAYNE 4291 FULTON CIR FT. MYERS, FL 33905 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEN, TIM 7800 UNIVERSITY POINTE DR. #100 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTINI, GODFREY 6430 PLANTATION PARK CT FORT MYERS, FL 33912 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOBACK, Jim 7980 SUMMERLIN LAKES DR #201 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYLE, MICHAEL 13131 UNIVERSITY DR FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, ADAM 6430 PLANTATION PARK CT FORT MYERS, FL 33966 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVADA, RANDAL 7980 SUMMERLIN LAKES DR #201 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEN, Tim 7051 CYPRESS TER #110 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mcmenemy, Jim 7980 SUMMERLIN LAKES DR #201 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" 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: Godfrey Santini **GODFREY SANTINI** 3/8/07 (239) 939-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X320**

ATTACHMENT
40035420

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Annual Report (continuation)

N02000008054

Commercial Investment Professionals of Southwest Florida, Inc.

FEI Number: 542090386

Additional Director:

Title:	D
Name:	Marlin, Michael
Street Address:	1100 Fifth Ave So #100
City, State:	Naples, FL
Zip Code:	34102