


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90384 021 ****61.25

DOCUMENT # N04000000231 1. Entity Name SOUTHWEST FLORIDA ASSOCIATION OF DIABETES EDUCATORS, INC.					
Principal Place of Business 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104			Mailing Address 3030 HORSESHOE DRIVE SOUTH SUITE 200 NAPLES, FL 34104		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0564376	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FIELDS, ALAN B P.O. BOX 1367 NAPLES, FL 34106				7. Name and Address of New Registered Agent Name BONNIE MASTERSON Street Address (P.O. Box Number is Not Acceptable) 590 STARBOARD DR City NAPLES FL Zip Code 34103	
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 <u>Bonnie Mastersen</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4-12-06	
Filing Fee is \$61.25 Due by May 1, 2006		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	P OSS, KARYN A 3030 HORSESHOE DRIVE SOUTH, SUITE 200 NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JENNY WILKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3030 HORSESHOE DR S NAPLES, FL 34104		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WILKINS, JENNY 3030 HORSESHOE DR. S NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ELECT ELAINE NOONAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3030 HORSESHOE DR NAPLES, FL 34103		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC LIETZKE, CHERYL 4539 ROSEA CT NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC JACKIE KELLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11090 HARBOUR YACHT CT. FT. MYERS, FL 33901		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA MASTERSON, BONNIE 590 STAR BOARD DR NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: <u>Bonnie Mastersen</u> BONNIE MASTERSON, 4-12-06, 239-734-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					