2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000005536

1. Entity Name
SOUTHWEST FLORIDA REAL ESTATE COUNCIL, INC.

Principal Place of Business	Mailing Address
1833 HENDRY STREET FORT MYERS, FL 33902-1507	1833 HENDRY STREET FORT MYERS, FL 33902-1507

01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2952927
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVINA, PETER J ESQ.
1833 HENDRY STREET
FORT MYERS, FL 33902-1507

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000787218
01/17/08-80073-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAVINA, PETER J ESQ.
STREET ADDRESS	1833 HENDRY STREET
CITY-ST-ZIP	FORT MYERS, FL 339021507
TITLE	SD
NAME	ROOSA, RICHARD ESQ.
STREET ADDRESS	1833 HENDRY STREET
CITY-ST-ZIP	FORT MYERS, FL 339021507
TITLE	TD
NAME	NOAH, DENIS
STREET ADDRESS	1715 MONROE STREET POST OFFICE BOX 280
CITY-ST-ZIP	FORT MYERS, FL 339020280
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 1-11-08 2353366231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #