2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N06000008 SOUTHWEST FLORIDA,			. !	.09-2007 90036 039 ****6	1.25	
1821 RICHARDS STREET 1821		Mailing Address 1821 RICHARDS STREET NAPLES, FL 34120	TRICHARDS STREET CLUBS				
1							
		3. Mailing Address	5477 Yah/ St.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ig-NP CR2E037 (12/06)	
City & State		City & State NAples, FL		4. FEI Number	<u>i</u>	Applied For Not Applicable	
Zip	Country	34109	Collier	5. Certificate of Sta	atus Desired		
	6. Name and Address of Current	Registered Agent			ress of New Registered Agent		
CORPORATE REGISTERED AGENT, LLC				Name			
5147 CASTELLO DRIVE NAPLES, FL 34103			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or re	gistered agent, or both, in	the State of Florida. I am familiar wi	th, and accept	
SIGNATURE		,,					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signature r	equired when reinstating)	DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Make check payable Florida Department of		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIE	9. Election Camp Trust Fund Cor	eaign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check payable	State	
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-/15/07 239-513-983