

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90202 031 \*\*\*\*70.00

<b>DOCUMENT # N06000011315</b>					
<b>1. Entity Name</b> SOUTHWEST INTERNATIONAL COMMERCE PARK OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 17 PARK PLACE SUITE 100 APPLETON, WI 54914			<b>Mailing Address</b> 17 PARK PLACE SUITE 100 APPLETON, WI 54914		
<b>2. Principal Place of Business - No P.O. Box #</b> 40 COMM PROP MANAGEMENT		<b>3. Mailing Address</b> SAMEAS			
Suite, Apt. #, etc. 8355 BEACON BLVD #05		Suite, Apt. #, etc. PRINCIPAL			
<b>City &amp; State</b> FT MYERS, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-8106969	
<b>Zip</b> 33907		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRETT, JAY A 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	PD BECHARD, JEROLD J 17 PARK PLACE, SUITE 100 APPLETON, WI 54914		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	VP [Blank]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	VD JOCHMAN, DENNIS 17 PARK PLACE, SUITE 100 APPLETON, WI 54914		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	[Blank]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	STD LIND, LARRY 17 PARK PLACE, SUITE 100 APPLETON, WI 54914		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	[Blank]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	[Blank]		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	PRES. BILL MAUTE P.O. Box 6986 FT MYERS, FL 33911	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	[Blank]		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	SEC/TREAS GEORGE EBEL 2325 CRYSTAL DR FT MYERS, FL 33907	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	[Blank]		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	[Blank]	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Bill Maute</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
Bill MAUTE PRES			4/28/08 239-425-2654		