

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011315

FILED
Mar 26, 2009
Secretary of State

Entity Name: SOUTHWEST INTERNATIONAL COMMERCE PARK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMM PROP MANAGEMENT
8359 BEACON BLVD RD 5
FORT MYERS, FL 33907

New Principal Place of Business:

C/O COMM PROP MANAGEMENT
8359 BEACON BLVD, SUITE 205
FORT MYERS, FL 33907

Current Mailing Address:

17 PARK PLACE
SUITE 100
APPLETON, WI 54914

New Mailing Address:

C/O COMM PROP MANAGEMENT
8359 BEACON BLVD, SUITE 205
FORT MYERS, FL 33907

FEI Number: 20-8106969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRETT, JAY A
9100 COLLEGE POINTE COURT
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BECHARD, JEROLD J
Address: 17 PARK PLACE, SUITE 100
City-St-Zip: APPLETON, WI 54914

Title: P () Delete
Name: MAUTE, BILL
Address: P.O. BOX 6986
City-St-Zip: FORT MYERS, FL 33911

Title: ST () Delete
Name: EBEL, GEORGE
Address: 2325 CRYSTAL DR.
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL MAUTE

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date