

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012977

FILED  
Apr 18, 2007  
Secretary of State

**Entity Name:** PROFESSIONAL ACTIVITY DIRECTORS ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

15416 ALMACO CIRCLE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

15416 ALMACO CIRCLE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 02-0794408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUMBLE, ELAINE M  
23049 LONE OAK DRIVE  
ESTERO, FL 33928 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: PRES ( ) Delete  
Name: RUMBLE, ELAINE M  
Address: 15416 ALMACO CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP ( ) Delete  
Name: PEDIT, KATHIE  
Address: 7801 AIRPORT PULLING ROAD  
City-St-Zip: NAPLES, FL 34109

Title: SEC ( ) Delete  
Name: INMAN, JULIE  
Address: 400 VINEYARDS BLVD.  
City-St-Zip: NAPLES, FL 34119

Title: MEM ( ) Delete  
Name: DELANEY, MELANIE  
Address: 28121 PALMIRA BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: COMM ( ) Delete  
Name: KITHKART, MICHELLE  
Address: 7680 BELINI WAY  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: PEDIT, KATHIE  
Address: 10220 COLONIAL BLVD.  
City-St-Zip: FORT MYERS, FL 33913

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 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: ELAINE M RUMBLE

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date