

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06889

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.

**Current Principal Place of Business:**

18085 LAUREL VALLEY RD.  
FORT MYERS, FL 33967 US

**New Principal Place of Business:**

**Current Mailing Address:**

18085 LAUREL VALLEY RD.  
FORT MYERS, FL 33967 US

**New Mailing Address:**

**FEI Number:** 59-2472278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZ, NOLAN H  
18085 LAUREL VALLEY RD.  
FORT MYERS, FL 33967 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:** PP  
**Name:** KATZ, SHEBA  
**Address:** 18085 LAUREL VALLEY RD  
**City-St-Zip:** FORT MYERS, FL 33967 US

**Title:** P  
**Name:** SALAZAR SMITH, ALEXANDRA  
**Address:** 2855 COLONIAL BLVD  
**City-St-Zip:** FORT MYERS, FL 33966 US

**Title:** CE  
**Name:** DUFFALA, ANN  
**Address:** 3534 SE 19 AVE  
**City-St-Zip:** CAPE CORAL, FL 33904 US

**Title:** T  
**Name:** KATZ, NOLAN H  
**Address:** 18085 LAUREL VALLEY RD.  
**City-St-Zip:** FT. MYERS, FL 33967 US

**Title:** S  
**Name:** BECKER, ALLAN  
**Address:** 9200 SHADDOCK RD. E  
**City-St-Zip:** FT. MYERS, FL 33967 US

**Title:** PE  
**Name:** GORMAN, NATASHA  
**Address:** 1801 BRANTLEY RD. #304  
**City-St-Zip:** FORT MYERS, FL 33907 US

I hereby 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 all other like empowered.

**SIGNATURE:** NOLAN KATZ

PA/T

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date