

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004442

FILED
Jan 06, 2010
Secretary of State

Entity Name: SOUTH WEST FLORIDA RESIDENT OWNED COMMUNITIES INC.

Current Principal Place of Business:

C/O SCOTT E. GORDON, ESQ.
TWO NORTH TAMIAMI TRAIL, SUITE 500
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

C/O SCOTT E. GORDON, ESQ.
TWO NORTH TAMIAMI TRAIL, SUITE 500
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 61-1535825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, SCOTT E
TWO NORTH TAMIAMI TRAIL, SUITE 500
SARASOTA, FL 34236 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: P
Name: TOTH, JIM
Address: 203 NICKLAUS BLVD.
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP
Name: JOHNSON, HERBERT
Address: 5517 ADAM DR.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S
Name: WAGNER, JEAN
Address: 9249 CALOOSA DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T
Name: SCHUELLER, JOHN C
Address: 3193 PLUTO CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D
Name: OLIVEIRA, BARBARA
Address: 16555A CLEVELAND AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JOHN C. SCHUELLER

TREA

01/06/2010

Electronic Signature of Signing Officer or Director

Date