

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07081 (5)

1. Corporation Name

SOUTHWEST FLORIDA REAL ESTATE EXCHANGORS, INC.



Principal Place of Business

8510 GRANITE CT
FT MYERS FL 33908
US

Mailing Address

PO BOX 1454X 7383
FT MYERS FL 33902
US

3. Date Incorporated or Qualified
01/14/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNSCHU, CHARLES JR
8510 GRANITE CT
FT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FORBES, RAYMOND J.
STREET ADDRESS 1741 COLONIAL BLVD
CITY-ST-ZIP FT MYERS FL

☐ DELETE

1.1 TITLE DP
1.2 NAME Lynn Lacey
1.3 STREET ADDRESS 5510 SW 4th Place
1.4 CITY-ST-ZIP Cape Coral, FL 33914

☒ Change ☐ Addition

TITLE DV
NAME COLLIER, JAMES
STREET ADDRESS 3916 CLEVELAND AVE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

2.1 TITLE DV
2.2 NAME Ann Rubenstein
2.3 STREET ADDRESS 5020 SW 5th Place
2.4 CITY-ST-ZIP Cape Coral, FL 33914

☒ Change ☐ Addition

TITLE DTS
NAME MCCREE, OLGA
STREET ADDRESS 726 SW 51 TERR
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

3.1 TITLE DT/S
3.2 NAME Olga Mc Cree
3.3 STREET ADDRESS 726 SW 51 Terrace
3.4 CITY-ST-ZIP Cape Coral, FL 33914

☒ Change ☐ Addition

TITLE D
NAME BUNDSCHU, CHUCK
STREET ADDRESS 8510 GRANITE CT
CITY-ST-ZIP FT MYERS FL

☐ DELETE

4.1 TITLE D
4.2 NAME Chuck Bundschu
4.3 STREET ADDRESS 8510 Granite Ct.
4.4 CITY-ST-ZIP Ft. Myers, FL 33908

☒ Change ☐ Addition

TITLE D
NAME STAPLETON, ED
STREET ADDRESS 4731 VINCENNES BLVD
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

5.1 TITLE D
5.2 NAME Paul Germaine
5.3 STREET ADDRESS 1850 Victoria Ave.
5.4 CITY-ST-ZIP Ft. Myers, FL 33901

☒ Change ☐ Addition

TITLE D
NAME GERMAINE, PAUL
STREET ADDRESS 1850 VICTORIA AVE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

6.1 TITLE D
6.2 NAME Ralph Call
6.3 STREET ADDRESS 14150 McGregor Blvd. S.W.
6.4 CITY-ST-ZIP Ft. Myers, FL 33919

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96 941-549-6058

CR2E037 (12/95)