

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005269

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** CCIM SOUTHWEST FLORIDA DISTRICT FOUNDATION, INC.

**Current Principal Place of Business:**

12650 NEW BRITTANY BOULEVARD  
102  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12650 NEW BRITTANY BOULEVARD  
102  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 26-3615401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRISE, RANDY  
12650 NEW BRITTANY BOULEVARD  
102  
FORT MYERS, FL 33907 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: D/P  
Name: KRISE, RANDY  
Address: 12650 NEW BRITTANY BOULEVARD  
City-St-Zip: FORT MYERS, FL 33907

Title: VP/T  
Name: LARSON, BEV  
Address: 16970-C SAN CARLOS BLVD. #288  
City-St-Zip: FORT MYERS, FL 33908

Title: S  
Name: FALDE, ANDREW  
Address: 12730 NEW BRITTANY BLVD SUITE 300  
City-St-Zip: FORT MYERS, FL 33917

Title: D  
Name: TAMBLYN, JIM  
Address: 12730 NEW BRITTANY BLVD., SUITE 300  
City-St-Zip: FORT MYERS, FL 33907

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: RANDY KRISE

D/P

02/16/2010

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

\_\_\_\_\_  
Date