

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005643

FILED
Apr 16, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA REGIONAL TECHNOLOGY PARTNERSHIP, INC.

Current Principal Place of Business:

C/O HAHN LOESER & PARKS, LLP
800 LAUREL OAKS DRIVE - SUITE 600
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 884
ESTERO, FL 33928

New Mailing Address:

P. O. BOX 884
ESTERO, FL 33929

FEI Number: 26-2788309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATUTORY, HL
800 LAUREL OAK DR., SUITE 600
NAPLES, FL 34108 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 () Delete
Name: BARNHILL, KEVIN
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: PAUL, LEE
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: BARTLETT, KRISTI
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: WALKER, DIANA
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: MITCHELSON, RANDY
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: VELLA, ALEX
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARNHILL, KEVIN
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

Title: D (X) Change () Addition
Name: PAUL, LEE
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

Title: D (X) Change () Addition
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Title: D (X) Change () Addition
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Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

Title: D (X) Change () Addition
Name: VELLA, ALEX
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

I hereby certify that the information supplied with this filing does not qualify 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: RANDALL MITCHELSON

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date