

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 16, 2012
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 33929

New Mailing Address:

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
Name: BARNHILL, KEVIN
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

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

Title: D
Name: FARRON, MARC
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

Title: D
Name: JOSEPH, BROOKE
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

Title: D
Name: MITCHELSON, RANDY
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

Title: D
Name: JACKSON, MIKE
Address: P. O. BOX 884
City-St-Zip: ESTERO, FL 33929

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: KIM C. BROWN

TREA

01/16/2012

Electronic Signature of Signing Officer or Director

Date