

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13664

FILED
Jan 18, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 61933
FT. MYERS, FL 33906 US

New Principal Place of Business:

2126 ANDREA LANE SUITE 2
FT. MYERS, FL 33912 US

Current Mailing Address:

PO BOX 61933
FT. MYERS, FL 33906 US

New Mailing Address:

FEI Number: 59-2793630 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EHRlich, THEODORE C
2126 ANDREA LANE
SUITE #2
FT. MYERS, FL 33912 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: PRES () Delete
Name: CANNATA, MELISSA
Address: PO BOX 60195
City-St-Zip: FORT MYERS, FL 33906

Title: VP () Delete
Name: SHUFFETT, KELLY
Address: 1801 BRANTLEY ROAD
City-St-Zip: FORT MYERS, FL 33907

Title: TREA () Delete
Name: EHRlich, THEODORE C
Address: 2126 ANDREA LANE #2
City-St-Zip: FORT MYERS, FL 33912

Title: SEC () Delete
Name: KOCIJAN, STACY
Address: 15250 SONOMA DRIVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODORE EHRlich

TREA

01/18/2007

Electronic Signature of Signing Officer or Director

Date