

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 07, 2007
Secretary of State

DOCUMENT# N13664

Entity Name: SOUTHWEST FLORIDA APARTMENT ASSOCIATION, INC.**Current Principal Place of Business:**2126 ANDREA LANE SUITE 2
FT. MYERS, FL 33912 US**New Principal Place of Business:**851 19TH STREET SW
NAPLES, FL 34117 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:**BARTON, PATRICIA L
851 19TH STREET SW
NAPLES, FL 34117 US

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: TRISH BARTON

09/07/2007

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: PRES (X) Change () Addition
Name: LANGFORD, DONNA
Address: 230 3RD STREET NW
City-St-Zip: NAPLES, FL 34120

Title: VP (X) Change () Addition
Name: MATTA, LISA
Address: P.O. BOX 60195
City-St-Zip: FORT MYERS, FL 33906

Title: TREA (X) Change () Addition
Name: ERICKSON, KENNETH L
Address: P.O. BOX 61571
City-St-Zip: FORT MYERS, FL 33906

Title: SEC (X) Change () Addition
Name: CARR-DAY, DORI
Address: 3320 BERMUDA ISLE CIRCLE
City-St-Zip: NAPLES, FL 34109

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: DONNA LANGFORD

PRES

09/07/2007

Electronic Signature of Signing Officer or Director

Date