

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13664

FILED
Jun 23, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

851 19TH STREET SW
NAPLES, FL 34117 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 61933
FT. MYERS, FL 33906 US

New Mailing Address:

P.O. BOX 61933
FT.. MYERS, FL 33906 US

FEI Number: 59-2793630 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARTON, PATRICIA L
851 19TH STREET SW
NAPLES, FL 34117 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: LANGFORD, DONNA
Address: 230 3RD STREET NW
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: OLMSTED, SHAWN
Address: 12392 CROOKED CRACK LANE
City-St-Zip: FT MYERS, FL

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WINGATE, SHAWN
Address: 12392 CROOKED CRACK LANE
City-St-Zip: FT. MYERS,, FL 34120

Title: VP (X) Change () Addition
Name: MATTA, LISA
Address: 12631 WESTLINKS DRIVE
City-St-Zip: FT MYERS, FL 33913

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

Title: SEC (X) Change () Addition
Name: MEYERS, KELLI
Address: 3621 WINKLER AVENUE EXTENSION
City-St-Zip: FT. MYERS,, FL 33916

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: TRISH BARTON

A.E.

06/23/2009

Electronic Signature of Signing Officer or Director

Date