

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14566 (6)

1. Corporation Name

BUILDING OWNERS AND MANAGERS ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

P.O. BOX 7874
FT. MYERS FL 33911

Mailing Address

P.O. BOX 7874
FT. MYERS FL 33911

3. Date Incorporated or Qualified
04/24/1986

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-2678473

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEWETT, HOUSTON L. JR.
12729-5 MCGREGOR BLVD.
FT MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **FERRARA, CHERYL**
STREET ADDRESS **12800 UNIVERSITY DR., STE 675**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **SD** ☐ DELETE

NAME **JEFFERS, JOHN**
STREET ADDRESS **2323 CLEVELAND AVENUE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VD** ☐ DELETE

NAME **PEWETT, HOUSTON L JR.**
STREET ADDRESS **12729-5 MCGREGOR BLVD.**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **TD** ☐ DELETE

NAME **ARNOLD, CAROL**
STREET ADDRESS **5900 ENTERPRISE PKWY.**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **6916 HOFSTRA CT.**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33919**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **8197 LAKE SAN CARLOS CIRCLE**
2.4 CITY-ST-ZIP **FT MYERS FL 33912**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **TD**
4.3 STREET ADDRESS **PLACE, SHARON A**
4.4 CITY-ST-ZIP **2182 MCGREGOR BLVD**
FT MYERS FL 33901

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Cheryl A. Ferrara** **CHERYL A. FERRARA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

3/25/96
Date

941-418-8405
Daytime Phone #

CR2E037 (12/95)