

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90035 046 \*\*\*\*61.25

**DOCUMENT # N21759**

1. Entity Name  
**SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.**



Principal Place of Business  
**142 SE 19TH ST  
CAPE CORAL, FL 33990 US**

Mailing Address  
**142 SE 19TH ST  
CAPE CORAL, FL 33990 US**

**50009855**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0029036**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DELBERT W  
142 SE 19TH STREET  
CAPE CORAL, FL 33990**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
SMITH, DELBERT  
142 SE 19TH STREET  
CAPE CORAL, FL 33990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
SMITH, DELBERT  
250 NETHERLANDS AVE.  
N. FT. MYERS, FL 33903** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
BOGERT, NICO  
129 SE 32ND ST  
CAPE CORAL, FL 33990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
BOGERT, NICO  
129 SE 32ND ST  
CAPE CORAL, FL 33990** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
BAWMAN, CHERY  
3311 ARECA ST  
PUNTA GORDA, FL 33950** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
BAWMAN, CHERY  
3311 ARECA ST  
PUNTA GORDA, FL 33950** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
DEWITT, RONALD P  
30073 OAK ROAD  
PUNTA GORDA, FL 33982** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
DEWITT, RONALD P  
30073 OAK ROAD  
PUNTA GORDA, FL 33982** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
ADLER, THOMAS E  
13290 HIGHLAND CHASE PLACE  
FORT MYERS, FL 33913** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
ADLER, THOMAS E  
13290 HIGHLAND CHASE PLACE  
FORT MYERS, FL 33913** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
ADLER, THOMAS E  
13290 HIGHLAND CHASE PLACE  
FORT MYERS, FL 33913** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
ADLER, THOMAS E  
13290 HIGHLAND CHASE PLACE  
FORT MYERS, FL 33913** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert J. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/06*

*237-997-2095*

Date

Daytime Phone #