

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21759

FILED
Feb 23, 2011
Secretary of State

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

Current Principal Place of Business:

1932 PICCADILLY CIRCLE
TRAFALGAR WOODS
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

1932 PICCADILLY CIRCLE
TRAFALGAR WOODS
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 27-2073920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRYGALA, RAINER M
1932 PICCADILLY CIRCLE
TRAFALGAR WOODS
CAPE CORAL, FL 33991 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: TD
Name: DRYGALA, RAINER M
Address: 1932 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: PD
Name: CASSEI, CHRISTOPHER M
Address: 39 WICKLIFFE DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: VD
Name: PANNETON, CRAIG
Address: 21620 HELMSDALE RUN
City-St-Zip: ESTERO, FL 33928 US

Title: SD
Name: DRYGALA, ROSEMARIE A
Address: 1932 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: TD
Name: DRYGALA, RAINER M
Address: 1932 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: TD
Name: DRYGALA, RAINER M
Address: 1932 PICCADILLY CIRCLE
City-St-Zip: CAPE CORAL, FL 33991 US

I hereby 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 all other like empowered.

SIGNATURE: RAINER M DRYGALA

TD

02/23/2011

Electronic Signature of Signing Officer or Director

Date