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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23785

1. Corporation Name

FRIENDS OF ROOKERY BAY, INC.

Principal Place of Business

**300 TOWER RD
NAPLES FL 34113
US**

Mailing Address

**300 TOWER RD
NAPLES FL 34113
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/08/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Country		24	
25		30			

9. Name and Address of Current Registered Agent

**SWAIM, RONALD E
4977 BERKELEY DR
NAPLES FL 34113**

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, TERRY	1.2 NAME	
STREET ADDRESS	609 N BARFIELD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	COLE-BRONCZYK, DIANNE	2.2 NAME	
STREET ADDRESS	498 LANDMARK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RAHN, LISA	3.2 NAME	
STREET ADDRESS	1286 HENDERSON CREEK DR #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SWAIM, RONALD E	4.2 NAME	
STREET ADDRESS	4977 BERKELEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-79 94, 417-8310

CR2E037 (11/98)