

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27318

FILED
Mar 18, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA LAND PRESERVATION TRUST, INC.

Current Principal Place of Business:

1100 5TH AVE S SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1100 5TH AVE S SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0066474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, RICHARD C
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

KRIER, ELINOR V
1100 5TH AVE S SUITE 201
NAPLES, FL 34102 US

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: ELINOR V. KRIER

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARSENAULT, EILEEN
Address: 1100 5TH AVE S SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BARBER, FREDERICK R
Address: 1100 5TH AVE S SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: BAUER, MICHAEL R
Address: 1100 5TH AVE S SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: CAMERON, SCOTT
Address: 1100 5TH AVE S SUITE 201
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: GRANT, RICHARD C
Address: 1100 5TH AVE S SUITE 201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: SCOTT CAMERON

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date