

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-23-2007 90079 045 ****61.25
N27556

FILED

07 MAY 10 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N27556			
1. Entity Name SOUTHWEST FLORIDA SPORTSMAN'S ASSOCIATION, INC.			
Principal Place of Business P O BOX 100691 CAPE CORAL FL 33910		Mailing Address P O BOX 100691 CAPE CORAL FL 33910	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0086520	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMPE, LEE A 1721 SW 6TH AVE CAPE CORAL FL 33991		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 representative

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	PDC HAMPE, LEE A 1721 SW 6TH AVE CAPE CORAL FL 33991	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD FLESTER, CATHY 611 ARCHER PKWY CAPE CORAL FL 33904	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	VIC PRESIDENT BILL SARDI 1102 SE 31ST TERRACE CAPE CORAL FL 33904	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD FRITZ, CHARLES 3617 SE 2ND AVE CAPE CORAL FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD ESLINGER, RAY 3531 SEA HOLLY LANE SAINT JAMES CITY FL 33956	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	TREASURER DAVID GARDINER 4238 NW 24TH TERRACE CAPE CORAL FL 33993	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D BODIKER, MIKE 1438 SW 54TH TERR CAPE CORAL FL 33914	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	EXECUTIVE OFFICER JIM WHITE 12571 COUNTRY EAGLE LANE CAPE CORAL FL 33909	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee A. Hampe

DATE

1/19/07

DAYTIME PHONE #

234-573-1196