

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39726 (7)

1. Corporation Name

CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

800 LAUREL OAK DR
SUITE 101
NAPLES FL 33963
US

800 LAUREL OAK DR
SUITE 101
NAPLES FL 33963
US

3. Date Incorporated or Qualified

08/09/1990

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0222033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACILVAINE, WILLIAM R
765 SEAGATE DRIVE
NAPLES FL 33940

81 Name

WILLIAM D. MASI

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

5811 PELICAN BAY BLVD

83

84 City

NAPLES

FL

85 Zip Code

33942

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 617.0501, Florida Statutes.

SIGNATURE

William D. Masi

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

(NOTE: Registered Agent signature required when reinstating)

FEB 14, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MILES, PETER | |
| STREET ADDRESS | 4901 TAMiami TRAIL N. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ASHMAN, LYNN | |
| STREET ADDRESS | 4001 TAMiami TRAIL N. | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | PDV | <input type="checkbox"/> DELETE |
| NAME | BREYMAN, LORI | |
| STREET ADDRESS | 800 LAUREL OAK DR., STE. 101 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MACILVAINE, WILLIAM R | |
| STREET ADDRESS | 765 SEAGATE DRIVE | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|-------------------|--------------------------|--|
| 11 TITLE | THE 4500ER/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | WILLIAM D. MASI | |
| 13 STREET ADDRESS | 5811 PELICAN BAY BLVD | |
| 14 CITY-ST-ZIP | NAPLES FL 33942 | |
| 21 TITLE | Vice President/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | WILLIAM E. TIERNEX | |
| 23 STREET ADDRESS | 801 LAUREL OAK DRIVE | |
| 24 CITY-ST-ZIP | NAPLES FL 33963 | |
| 31 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | ELIZABETH E. JUTRAS | |
| 33 STREET ADDRESS | 4901 TAMiami TRAIL SOUTH | |
| 34 CITY-ST-ZIP | NAPLES FL 33940 | |
| 41 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | JONATHAN G. GRANGER | |
| 43 STREET ADDRESS | 5801 PELICAN BAY BLVD | |
| 44 CITY-ST-ZIP | NAPLES FL 33943 | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

William D. Masi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 14, 1996

DATE

941-594-6040

DAYTIME PHONE #

CR2E037 (12/95)