

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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SUITE 101
NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1990

3a. Date of Last Report

02/19/1996

4. FEI Number

65-0222033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 821 5TH AVENUE SOUTH

Suite, Apt. #, etc.

22 101

City & State

23 NAPLES

Zip

24 FL

Country

25 34102

2a. Mailing Address

26 821 5TH AVENUE SOUTH

Suite, Apt. #, etc.

27 101

City & State

28 NAPLES

Zip

29 FL

Country

30 34102

9. Name and Address of Current Registered Agent

MASI, WILLIAM D.
5811 PELICAN BAY BLVD
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

PATRICIA J. TOMLINSON

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

821 5TH AVENUE SOUTH

83 SUITE 101

84 City

NAPLES

FL

85 Zip Code

34102

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

Patricia J. Tomlinson

Patricia J. Tomlinson

9-3-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TD
STREET ADDRESS MASI, WILLIAM D.
CITY-ST-ZIP 5811 PELICAN BAY BLVD
NAPLES FL

TITLE ☒ DELETE

NAME VD
STREET ADDRESS ASHMAN, LYNN
CITY-ST-ZIP 4001 TAMiami TRAIL N.
NAPLES FL

TITLE ☒ DELETE

NAME PDV
STREET ADDRESS BREYMAN, LORI
CITY-ST-ZIP 800 LAUREL OAK DR., STE. 101
NAPLES FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MACILVAINE, WILLIAM R
CITY-ST-ZIP 765 SEAGATE DRIVE
NAPLES FL

TITLE ☒ DELETE

NAME VD
STREET ADDRESS TIERNEY, WILLIAM E.
CITY-ST-ZIP 801 LAUREL OAK DR
NAPLES FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS JUTRAS, ELIZABETH E.
CITY-ST-ZIP 4901 TAMiami TRAIL NORTH
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME P/O
1.3 STREET ADDRESS PATRICIA J. TOMLINSON
1.4 CITY-ST-ZIP 821 5TH AVENUE SOUTH STE 101
NAPLES FL 34102

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME V/D
2.3 STREET ADDRESS HAYWOOD SELLERS
2.4 CITY-ST-ZIP 850 PARK SHORE DRIVE #202
NAPLES FL 34103

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME S/D
3.3 STREET ADDRESS S.C. BODEN, JR
3.4 CITY-ST-ZIP 850 PARK SHORE DRIVE STE 204
NAPLES FL 34103

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME T/D
4.3 STREET ADDRESS RANDY EGAN
4.4 CITY-ST-ZIP 8889 PELICAN BAY BLVD #200
NAPLES FL 34108

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME D
5.3 STREET ADDRESS AMANDA TRAMMELL
5.4 CITY-ST-ZIP 4001 TAMiami TRAIL N
NAPLES FL 34103

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME D
6.3 STREET ADDRESS M. BRUCE MINER
6.4 CITY-ST-ZIP 4501 TAMiami TRAIL N. #310
NAPLES FL 34103

14. I do 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.

SIGNATURE SIGNATURE REQUIRED

Patricia J. Tomlinson 9-3-97

CR2E037 (4/97)