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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 # N39726

1. Corporation Name

CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

c/o SunTrust Bank
801 Laurel Oak Drive
Naples, FL 34108

c/o SunTrust Bank
801 Laurel Oak Drive
Naples, FL 34108
Attn: Haywood C. Sellers



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/09/1990

23 City & State

27 City & State

4. FEI Number

Applied For
Not Applicable

65-0222033

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Haywood C. Sellers
c/o SunTrust Bank
801 Laurel Oak Drive
Naples, FL 34108

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

Haywood C. Sellers **HAYWOOD C. SELLERS, PRESIDENT. 7 JAN '99**

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** ☒ DELETE

NAME **TOMLINSON, PATRICIA J**
STREET ADDRESS **821 5TH AVE S, STE 101**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Haywood C. Sellers**
1.3 STREET ADDRESS **c/o SunTrust Bank**
1.4 CITY-ST-ZIP **801 Laurel Oak Drive**
Naples, FL 34108

TITLE **VD** ☒ DELETE

NAME **SELLERS, HAYWOOD**
STREET ADDRESS **850 PARK SHORE DR, #202**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **Vice President** ☒ Change ☐ Addition

2.2 NAME **Donald D. Jones**
2.3 STREET ADDRESS **National City Trust Co.**
2.4 CITY-ST-ZIP **Trail N. Suite B103**

TITLE **SD** ☐ DELETE

NAME **BODELL, S C JR**
STREET ADDRESS **850 PARK SHORE DR STE 204**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **Secretary** ☐ Change ☐ Addition

3.2 NAME **S.C. "Tod" Bodell, Jr.**
3.3 STREET ADDRESS **c/o Bessemer Trust Co.**
3.4 CITY-ST-ZIP **850 Park Shore Drive, Suite 204**
Naples, FL 34103

TITLE **D** ☒ DELETE

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

4.1 TITLE **Treasurer** ☒ Change ☐ Addition

4.2 NAME **Peggy Takala**
4.3 STREET ADDRESS **c/o U.S. Trust Co. of Florida**
4.4 CITY-ST-ZIP **765 Seagate Drive**
Naples, FL 34013

TITLE **D** ☒ DELETE

NAME **TRAMMELL, AMANDA**
STREET ADDRESS **4001 TAMiami TRAIL N**
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE **Director** ☒ Change ☐ Addition

5.2 NAME **Patricia Tomlinson**
5.3 STREET ADDRESS **c/o Merrill Lynch Trust Co.**
5.4 CITY-ST-ZIP **821 5th Avenue South, Suite 101**
Naples, FL 34102

TITLE **D** ☒ DELETE

NAME **MINER, M B**
STREET ADDRESS **4501 TAMiami TRL N #310**
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE **Director** ☒ Change ☐ Addition

6.2 NAME **Steve Mitchell**
6.3 STREET ADDRESS **c/o Northern Trust Bank of FL NA**
6.4 CITY-ST-ZIP **4001 Tamiami Trail North**
Naples, FL 34103

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:

Patricia Tomlinson **SIGNATURE REQUIRED**

Date

Daytime Phone #

1/7/99 (941) 566-8400

CR2E037 (11/98)