

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90008 007 \*\*\*\*61.25

**DOCUMENT # N39726**

1. Entity Name

**CORPORATE FIDUCIARIES ASSOCIATION OF  
SOUTHWEST FLORIDA, INC.**



Principal Place of Business

**C/O HAYWOOD C. SELLERS  
3129 ANDORRA COURT  
NAPLES FL 34109  
US**

Mailing Address

**C/O HAYWOOD C. SELLERS  
3129 ANDORRA COURT  
NAPLES FL 34109  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0222033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SELLERS, HAYWOOD C  
3129 ANDORRA COURT  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDINAL, JOSEPH J 4501 TAMiami TRAIL N SUITE 102 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELLERS, HAYWOOD 3129 ANDORRA COURT NAPLES FL 34109 (TRUST CONSULTANT) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASTERSON, DAVID 3777 TAMiami TR SUITE 100 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete <b>CHANGE AS PER II</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYER, CAROLYN 4085 TAMiami TR N SUITE B-103 NAPLES FL 34103 (LOWRY HILL) <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, DARLEEN E BANK ONE 8870 TAMiami TR N NAPLES FL 34108 <input checked="" type="checkbox"/> Delete <b>CHANGE AS PER II</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUCKER, ROBIN 4001 TAMiami TR N NAPLES FL 34103 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MASTERSON, DAVID 4001 TAMiami TRAIL NORTH NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (NORTHERN TRUST)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHASE, DARLEEN 8870 TAMiami TRAIL NORTH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (BANK ONE)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARDINAL, JOSEPH 4501 TAMiami TRAIL N SUITE 102 NAPLES FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (BANK OF AMERICA)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CLARKE, ROBERT 763 SEAGATE DR NAPLES, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (U S TRUST)

12. 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 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:** *Haywood C. Sellers* **TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 FEB 04 (239) 598-2099**

Date

Daytime Phone #