

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90010 033 ****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**

40011410



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0222033

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MASTERSON, DAVID	
STREET ADDRESS	4001 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHASE, DARUEEN	
STREET ADDRESS	8870 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MEYER, CAROLYN	
STREET ADDRESS	4085 TAMiami TR N SUITE B-103	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDINAL, JOSEPH	
STREET ADDRESS	4501 TAMiami TRAIL N. STE 102	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARKS, ROBERT	
STREET ADDRESS	763 SEAGATE DR.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARLEEN CHASE	
STREET ADDRESS	BANK ONE	
CITY-ST-ZIP	8870 TAMiami TR NORTH NAPLES, FL 34108	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN K MEYER	
STREET ADDRESS	LOWRY HILL	
CITY-ST-ZIP	305 FIFTH AVE S #204 NAPLES, FL 34102	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYWOOD C. SELLERS	
STREET ADDRESS	3129 ANDORRA COURT	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MASTERSON	
STREET ADDRESS	NORTHERN TRUST	
CITY-ST-ZIP	4001 TAMiami TR N NAPLES FL 34103	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	ROBERT CLARKE	
CITY-ST-ZIP	U.S. TRUST 763 SEAGATE DR. NAPLES, FL 34103	
TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	JOSEPH E CLEVELAND	
CITY-ST-ZIP	MC DONALD FINANCE GROUP # 100 3771 TAMiami TRAIL N NAPLES, FL 34103	

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

1 FEB 05

(239) 598-2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #