

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90002 040 ****61.25

DOCUMENT # N39726					
1. Entity Name CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business C/O HAYWOOD C. SELLERS (deceased) 3129 ANDORRA COURT NAPLES, FL 34109 US			Mailing Address C/O HAYWOOD C. SELLERS (deceased) 3129 ANDORRA COURT NAPLES, FL 34109 US		
2. Principal Place of Business J. Cleveland / Key Bank Suite, Apt. #, etc. 3777 Tamiami Tr. N City & State Naples FL Zip 34103 Country USA		3. Mailing Address Key Bank / J. Cleveland Suite, Apt. #, etc. 3777 Tamiami Tr. N City & State Naples FL Zip 34103 Country USA			
4. FEI Number 65-0222033				06202006 Chg-NP CR2E037 (4/06)	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: Joseph E. Cleveland Street Address (P.O. Box Number is Not Acceptable): 3777 Tamiami Tr. N Key Bank City: Naples FL Zip Code: 34103		
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: <u>Joseph E. Cleveland</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>6/24/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MASTERSON, DAVID STREET ADDRESS 4001 TAMIAMI TR N CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE President NAME Robert H. Clarke STREET ADDRESS 765 Seagate Dr CITY-ST-ZIP Naples FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME CHASE, DARUEEN STREET ADDRESS 8870 TAMIAMI TRAIL NORTH CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Joseph E. Cleveland STREET ADDRESS 3777 Tamiami Tr. N CITY-ST-ZIP Naples FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MEYER, CARCLYN STREET ADDRESS 305 FIFTH AVE S #204 CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Charles Wondra STREET ADDRESS 375 Fifth Avenues CITY-ST-ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CLEVELAND, JOSEPH E STREET ADDRESS 3777 TAMIAMI TRAIL CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Martin de St. Pierre STREET ADDRESS 4501 Tamiami Tr N #102 CITY-ST-ZIP Naples FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME CLARKS, ROBERT STREET ADDRESS 765 SEAGATE DR CITY-ST-ZIP NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Jennifer Figurelli STREET ADDRESS 3001 Tamiami Tr N #100 CITY-ST-ZIP Naples FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SELLER, HAYWOOD C STREET ADDRESS 3129 ANDORRA COURT CITY-ST-ZIP NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Carolyn K. Meyer STREET ADDRESS 305 Fifth Ave S #204 CITY-ST-ZIP Naples FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Joseph E. Cleveland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>6/24/06</u> (239) 434-1149 <small>Daytime Phone #</small>		