

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39726

FILED
Apr 16, 2007
Secretary of State

Entity Name: CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

J. CLEVELAND KEY BANK
3777 TAMIAMI TRAIL N.
NAPLES, FL 34103 US

New Principal Place of Business:

MARTIN DE ST. PIERRE
4501 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

Current Mailing Address:

J. CLEVELAND KEY BANK
3777 TAMIAMI TRAIL N.
NAPLES, FL 34103 US

New Mailing Address:

MARTIN DE ST. PIERRE
4501 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

FEI Number: 65-0222033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVELAND, JOSEPH
3777 TAMIAMI TR. N
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DE ST. PIERRE, MARTIN
4501 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

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.

SIGNATURE: MARTIN DE ST. PIERRE

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEYER, CAROLYN
Address: 305 FIFTH AVE 5 #204
City-St-Zip: NAPLES, FL 34102

Title: V () Delete
Name: CLEVELAND, JOSEPH E
Address: 3777 TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: P () Delete
Name: CLARKS, ROBERT
Address: 765 SEAGATE DR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: FIGURELLI, JENNIFER
Address: 3001 TAMIAMI TRL. N #100
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CLARK, ROBERT
Address: 765 SEAGATE DR
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN DE ST. PIERRE

TRS

04/16/2007

Electronic Signature of Signing Officer or Director

Date