

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39726

FILED
Apr 06, 2010
Secretary of State

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

Current Principal Place of Business:

ROBIN O'ROURKE
4001 TAMIAMI TRAIL N. SUITE 100
NAPLES, FL 34103 US

New Principal Place of Business:

MONIKA D. LUDWIG
800 LAUREL OAK DRIVE, SUITE 100
NAPLES, FL 34108 US

Current Mailing Address:

ROBIN O'ROURKE
4001 TAMIAMI TRAIL N. SUITE 100
NAPLES, FL 34103 US

New Mailing Address:

MONIKA D. LUDWIG
800 LAUREL OAK DRIVE, SUITE 100
NAPLES, FL 34108 US

FEI Number: 65-0222033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'ROURKE, ROBIN
4001 TAMIAMI TRAIL N.
#100
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

LUDWIG, MONIKA D
800 LAUREL OAK DRIVE
#100
NAPLES, FL 34108 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: MONIKA D. LUDWIG

04/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: EDWARDS, CURT
Address: 8870 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34108 US

Title: SEC
Name: KELLARD, PATRICK
Address: 800 LAUREL OAK DRIVE, STE 101
City-St-Zip: NAPLES, FL 34108 US

Title: VP
Name: STETSON, JEANNINE
Address: 999 VANDERBILT BEACH ROAD
City-St-Zip: NAPLES, FL 34108 US

Title: TREA
Name: LUDWIG, MONIKA D
Address: 800 LAUREL OAK DRIVE, STE 100
City-St-Zip: NAPLES, FL 34108 US

Title: DIR
Name: RODRIGUEZ, DONNA M
Address: 12800 UNIVERSITY DRIVE # 125
City-St-Zip: FORT MYERS, FL 33907

Title: DIR
Name: DE ST PIERRE, MARTIN
Address: 8985 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: MONIKA D. LUDWIG

TREA

04/06/2010

Electronic Signature of Signing Officer or Director

Date