

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90081 013 \*\*\*\*61.25

DOCUMENT # N39851

1. Corporation Name

SOUTHWEST FLORIDA GOLF CHARITIES, INC.

Principal Place of Business

1207 SUNBIRD AVE  
MARCO ISLAND FL 33937

Mailing Address

1207 SUNBIRD AVE  
MARCO ISLAND FL 33937



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/28/1990

4. FEI Number

65-0208005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CARDILLO, JOHN P.  
3550 EAST TAMiami TRAIL  
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD  
KIMAS, JOSEPH M.  
STREET ADDRESS 1207 SUNBIRD AVE.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE

NAME PD  
WARD, MICHAEL  
STREET ADDRESS 1850 ISLE OF CAPRI RD.  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME SD  
SHERWOOD, IRY  
STREET ADDRESS 44 CYPRESS VIEW  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME D  
SHANAHAN, RICHARD  
STREET ADDRESS 427 BARCELONA CT  
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE

NAME D  
KNIFFIN, BOB  
STREET ADDRESS 351 COTTAGE CT.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE

NAME D  
DODNER, BILL  
STREET ADDRESS 134 ROOVERY RD  
CITY-ST-ZIP NAPLES FL 34114

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D  
MAXINE GOODALL  
1.3 STREET ADDRESS 152 EAGLE CREEK DR.  
1.4 CITY-ST-ZIP NAPLES, FL 34113

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D  
JAY SIEMERS  
2.3 STREET ADDRESS 180 WATERFORD DR.  
2.4 CITY-ST-ZIP NAPLES, FL 34113

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)