2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N39851

1. Entity Name SOUTHWEST FLORIDA GOLF CHARITIES, INC.



FILED Feb 16, 2004 8:00 am Secretary of State

02-16-2004 90029 008 ****61.25

1				5.			
Principal Plac 1207 SUNBI MARCO ISLAI		Mailing Address 12700 TAMIAMI TRAIL E UNIT NO. 11 PMB 154 NAPLES, FL 34113	2700 TAMIAMI TRAIL EAST NIT NO. 11 PMB 154			1164 BIGH 8166 618	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02112004 Cr	g-NP CR2E	037 (10/03)	
City & State		City & State		4. FEI Number 65-020800	5		plied Fo
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registere	d Agent	
CACOULC) IOUN D	Name	Name				
CARDILLO, JOHN P. 3550 EAST TAMIAMI TRAIL NAPLES, FL 33962			Street Address (P.O. Box Number is Not Acceptable)				
,			Cit			L 7% Cod	
			City		F	L Zip Cod	Ð
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	egistered office or re	egistered agent, or both, in	the State of Florida. I a	m familiar with,	and acc
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE		
		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
	Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.			ick payable to artment of S	
10.	OFFICERS AND DIF	RECTORS	11.		ES TO OFFICERS AND	DIRECTORS IN	10
TITLE	TD ·	Delete	TITLE	DEAT MEM	A HON	☐ Change	≥ Add
NAME STREET ADDRESS	KLIMAS, JOSEPH M. 1207 SUNBIRD AVE.		NAME STREET ADDRESS	PAT MEM	RESS U	IEW Z	n
CTTY-ST-ZIP	MARCO ISLAND, FL 34145			NAPLES, F			
TITLE	D	☐ Delete	TITLE	か た		☐ Change	⊒≯Ad
NAME OTHER ADDRESS	WARD, MICHAEL		NAME.	MARIE -1 8365 HEA	040/500	ر کو مید	
STREET ADDRESS CITY-ST-ZIP	1850 ISLE OF CAPRI RD. NAPLES, FL		STREET ADDRESS CITY-ST-ZIP	NAPLES F	TA GE CIAN	125	114
TITLE	PD	Delete	TITLE	WALLS 10	- 1411	Change	□Ad
NAME	SHERWOOD, IRV	E Delete	NAME			C Outsings	
STREET ADDRESS	44 CYPRESS VIEW		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE			Change	☐ Ad
NAME	MACKEL FRESH, TOM		NAME				
STREET ADDRESS CITY-ST-ZIP	361 ROCKHILL COURT		STREET ADDRESS CITY-ST-ZIP				
f	MARCO ISLAND, FL 34145						
TITLE NAME	GOODALL, MAXINE	☐ Delete	TITLE NAME			☐ Change	☐ Ad
STREET ADDRESS	.752 EAGLE CREEK DRIVE #103		STREET ADDRESS			••	
CITY-ST-ZIP ** *	NAPLES, FL 34113	M各海底 (17) 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	CITY-ST-ZIP		8 A. J. S.		
TITLE	D	☐ Delete	TITLE			Change	☐ Ad
NAME	SIEMERS, JAY		NAME		n **		
STREET ADDRESS	780 WATERFORD DRIVE #104		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		<u> </u>		

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 direct 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 changed, or on an attachment with an address, with all other like empowered.

(239) 394-7148