

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90151 012 \*\*\*\*61.25

**DOCUMENT # N39851**

1. Entity Name  
SOUTHWEST FLORIDA GOLF CHARITIES, INC.



Principal Place of Business  
1207 SUNBIRD AVE  
MARCO ISLAND, FL 34-1456

Mailing Address  
12700 TAMIAMI TRAIL EAST  
UNIT NO. 11 PMB 154  
NAPLES, FL 34113

20057789



04292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0208005

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
~~KLIEMAS, JOSEPH M.~~ CRAIG COUTURE  
1207 SUNBIRD AVE. 1112 1/2 N. COLLIER BLVD.  
MARCO ISLAND, FL 34145

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SHERWOOD, IRV  
44 CYPRESS VIEW  
NAPLES, FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MACKEL FRESH, TOM  
361 ROCKHILL COURT  
MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOODALL, MAXINE  
752 EAGLE CREEK DRIVE #103  
NAPLES, FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIEMERS, JAY  
780 WATERFORD DRIVE #104  
NAPLES, FL 34113

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04

234-394-1900

CRAIG COUTURE  
TREASURER