

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90184 027 ****70.00

DOCUMENT # N39851 1. Entity Name SOUTHWEST FLORIDA GOLF CHARITIES, INC.			
Principal Place of Business 1207 SUNBIRD AVE MARCO ISLAND, FL 34-1456		Mailing Address 12693 TAMAMI TR E NAPLES, FL 34113	
2. Principal Place of Business - No P.O. Box # 12693 TAMAMI TR E		3. Mailing Address Suite, Apt. #, etc. SUITE 161	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34113	Country USA	Zip 34113	Country USA
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 TAMAMI TRAIL NAPLES, FL 33962		7. Name and Address of New Registered Agent Name IRVING SHERWOOD Street Address (P.O. Box Number is Not Acceptable) 44 CYPRESS VIEW City NAPLES FL Zip Code 34113	
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 IRVING SHERWOOD 1/10/2007 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE TD	NAME COUTURE, CRAIG	☒ Delete	
STREET ADDRESS 1112 1/2 N COLLIR BLVD	CITY-ST-ZIP MARCO ISLAND, FL 34145	☐ Delete	
TITLE D	NAME WARD, MICHAEL	☐ Delete	
STREET ADDRESS 1850 ISLE OF CAPRI RD.	CITY-ST-ZIP NAPLES, FL	☐ Delete	
TITLE PD	NAME SHERWOOD, IRV	☐ Delete	
STREET ADDRESS 44 CYPRESS VIEW	CITY-ST-ZIP NAPLES, FL 34113	☐ Delete	
TITLE SD	NAME MACKEL FRESH, TOM	☐ Delete	
STREET ADDRESS 361 ROCKHILL COURT	CITY-ST-ZIP MARCO ISLAND, FL 34145	☐ Delete	
TITLE D	NAME GOODALL, MAXINE	☐ Delete	
STREET ADDRESS 752 EAGLE CREEK DRIVE #103	CITY-ST-ZIP NAPLES, FL 34113	☐ Delete	
TITLE D	NAME SIEMERS, JAY	☐ Delete	
STREET ADDRESS 780 WATERFORD DRIVE #104	CITY-ST-ZIP NAPLES, FL 34113	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE TD	NAME JAMES BLACKIDGE	☐ Change ☒ Addition	
STREET ADDRESS 3 GREY WING PT	CITY-ST-ZIP NAPLES, FL 34113	☐ Change ☒ Addition	
TITLE D	NAME JANE KRAUSE	☐ Change ☒ Addition	
STREET ADDRESS 36 CYPRESS VIEW	CITY-ST-ZIP NAPLES, FL 34113	☐ Change ☒ Addition	
TITLE D	NAME JAMES LACKEY	☐ Change ☒ Addition	
STREET ADDRESS 513 EAGLE CREEK DRIVE	CITY-ST-ZIP NAPLES, FL 34113	☐ Change ☒ Addition	
TITLE D	NAME JOE KLIMAS	☐ Change ☒ Addition	
STREET ADDRESS 1207 SUNBIRD AVE	CITY-ST-ZIP MARCO ISLAND, FL 34145-3941	☐ Change ☒ Addition	
TITLE D	NAME TERRY MCGOLDICK	☐ Change ☒ Addition	
STREET ADDRESS 1747 WATERFALL COURT	CITY-ST-ZIP MARCO ISLAND, FL 34145	☐ Change ☒ Addition	
TITLE D	NAME JOHN SHAUGHNESSY	☐ Change ☒ Addition	
STREET ADDRESS 993 SPANISH MOSS TRAIL	CITY-ST-ZIP NAPLES, FL 34109	☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 JAMES B. BLACKIDGE 1/10/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/10/2007 Daytime Phone # 239-774-3703	

JAMES B. BLACKIDGE

**SEE PAGE 2 FOR
ADDITIONAL DIRECTORS**

ATTACHMENT

D
BOB HELBERG
511 EAGLE CREEK DRIVE
NAPLES, FL 34113

40002198
N39851

D
DONALD KRAUSE
798 EAGLE CREEK DRIVE
NAPLES, FL 34113