FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N51011** **(7)**

1. Corporation Name

CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
11941 FAIRWAY LAKES DRIVE FORT MYERS FL 33913-8336	11941 FAIRWAY LAKES DRIVE FORT MYERS FL 33913-8336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0369433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3606 ENTERPRISE AVE	2a. Mailing Address 26 P.O. BOX 9444
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip / Country 24 33942 / 25 COLLIER	Zip / Country 29 33941-9444 / 30 COLLIER

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, GAREY F.
1625 HENDRY STREET
SUITE 301
FORT MYERS FL 33901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	WATTERSON, ELIZABETH S.	12 NAME	JAY BUNNELL	
STREET ADDRESS	11941 FAIRWAY LAKES DR	13 STREET ADDRESS	3606 ENTERPRISE AVE	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	D	21 TITLE	VICE PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	FREDRICK, BARRIE	22 NAME	BOB WILKIN	
STREET ADDRESS	381 13TH AVE SO	23 STREET ADDRESS	4395 CORPORATE SQ	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	D	31 TITLE	SECRETARY/[redacted] DIRECTOR	☒ Change ☐ Addition
NAME	BUNNELL, JAY	32 NAME	BOB RUST	
STREET ADDRESS	3606 ENTERPRISE AVE	33 STREET ADDRESS	832 ANCHOR RODE DR	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	D	41 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	GIRARDIN, LOUIS	42 NAME	LOUIS GIRARDIN	
STREET ADDRESS	5050 N TAMIAMI TRAIL	43 STREET ADDRESS	5050 NORTH TAMIAMI TR.	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	NAPLES, FL 33940	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NIXON, JANA	52 NAME		
STREET ADDRESS	1100 5TH AVE S #311	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	OLIVER, VICKIE	62 NAME		
STREET ADDRESS	824 LAFAYETTE STREET, SUITE B	63 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jay Bunnell JAY BUNNELL 4/18/95 (813) 643-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018409