## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000024

Apŗ 29, 2<u>00</u>7 Secretary of State

Entity Name: FLORIDA SOUTHWEST CHAPTER, AMERICAN INSTITUTE OF ARCHITECTS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4100 CORPORATE SQUARE #100 NAPLES, FL 34104

**New Mailing Address: Current Mailing Address:** 

A1A FLORIDA SW A1A FLORIDA SW PO BOX 929 PO BOX 929 NAPLES, FL 34102 NAPLES, FL 34106

FEI Number: 65-0393711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NOWACKI, AMY GILBERT, KEITH D C/O BSSW ARCHITECTS C/O ARCHITECTURAL NETWORK INC. 1500 JACKSON ST SUITE 200 837 5TH AVENUE SOUTH, SUITE 202 FORT MYERS, FL 33901 US NAPLES, FL 34102 US

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.

SIGNATURE: KEITH D GILBERT 04/29/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition WATERMAN, JAMES Name: Name: 3820 COLONIAL BLVD., #100 Address: Address: FT. MYERS, FL 33912 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition WILLIAMS, JACK Name: LATAVISH, VICTOR Name: Address: 2070 MCGREGOR BLVD., STE 3 Address: 4100 CORPORATE SQUARE #100 City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change ( ) Addition GUTENKUNST, CHARLES R SOTTONG, TED Name: Name: Address: Address:

4310 METRO PARKWAY #290 9681 GLADIOLUS DRIVE, SUITE 205 City-St-Zip: FT. MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete Title: (X) Change ( ) Addition Name: KRAGH, MATTHEW Name: NOWACKI, AMY

837 5TH AVE. SO. STE. 202 1518 HENDRY STREET Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: FORT MYERS, FL 33902

Title: () Delete Title: (X) Change ( ) Addition

KNAFO, JAMES KNAFO, JAMES Name: Name: 649 5TH AVE SOUTH 649 5TH AVE SOUTH Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102

Title: () Delete Title: (X) Change ( ) Addition RONCORONI, CLAUDIA GILBERT, KEITH D Name: Name:

Address: 949 CENTRAL AVE Address: 837 5TH AVENUE SOUTH, SUITE 202 NAPLES, FL 34102 NAPLES, FL 34102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH D GILBERT **VP** 04/29/2007