

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2012
Secretary of State

DOCUMENT# N92000000024

Entity Name: FLORIDA SOUTHWEST CHAPTER, AMERICAN INSTITUTE OF ARCHITECTS, INC.**Current Principal Place of Business:**10800 CORKSCREW ROAD SUITE
380B, INTERNATIONAL DESIGN CENTER
ESTERO, FL 33928**New Principal Place of Business:****Current Mailing Address:**AIA FLORIDA SW
PO BOX 771765
NAPLES, FL 34107**New Mailing Address:****FEI Number:** 65-0393711**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHIFFER, BRAD
520 SUGAR PINE LANE
NAPLES, FL 34108 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: OWENS, JOYCE
Address: 2277 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901

Title: PP
Name: ANDERSON, SCOTT
Address: 8000 SUMMERLIN LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: SCHMIDT, PENELOPE
Address: 6851 PENTLAND WAY, SUITE 12
City-St-Zip: FORT MYERS, FL 33966

Title: VP/T
Name: SCHIFFER, BRAD
Address: 520 SUGAR PINE LANE
City-St-Zip: NAPLES, FL 34108

Title: P
Name: SOTTONG, TED
Address: 1415 DEAN STREET, SUITE 100
City-St-Zip: FORT MYERS, FL 33901

Title: D
Name: GILBERT, KEITH
Address: 3864 QUAILS WALK
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: BRAD SCHIFFER

VP/T

04/30/2012

Electronic Signature of Signing Officer or Director

Date