

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90168 016 \*\*\*\*61.25

<b>DOCUMENT # N93000002287</b>					
<b>1. Entity Name</b> SOUTHWEST FLORIDA CHAPTER OF THE FLORIDA ASSOCIATION OF ENVIRONMENTAL PROFESSIONALS, INC.					
<b>Principal Place of Business</b> SOUTH FLORIDA WATER MGMT DISTRICT 2301 MCGREGOR BLVD. FORT MYERS, FL 33901 US			<b>Mailing Address</b> SW FAEP PO BOX 674 FORT MYERS, FL 33902 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DE OCA, LAURA MONTES 2301 MCGREGOR BLVD. C/O SOUTH FLORIDA WATER MGMT DISTRICT FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name: <u>Shawn McCarthy</u> Street Address (P.O. Box Number is Not Acceptable): <u>c/o South Florida Water Management District</u> <u>2301 McGregor Boulevard</u> City: <u>Fort Myers</u> FL Zip Code: <u>33901</u>		
<b>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.</b> SIGNATURE: <u>Shawn McCarthy</u> DATE: <u>4/30/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDIA, ELENA 12730 NEW BRITTANY BLVD., STE 600 FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sarah Jamieson 16000 Chamberlain Parkway Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE OCA, LAURA MONTES 2301 MCGREGOR BLVD. FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shawn McCarthy 2301 McGregor Boulevard Fort Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTANO, JULI 2158 JOHNSON STREET FT. MYERS, FL 33902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Curtis 2158 Johnson Street Fort Myers, FL 33902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCARTHY, SHAWN 2301 MCGREGOR BLVD. FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christina Shapiro 9110 College Pointe Court Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, JOHN 2158 JOHNSON STREET FORT MYERS, FL 33902	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Krista Gentile 2301 McGregor Boulevard Fort Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, MATT 9110 COLLEGE POINTE COURT FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Nychyk 2158 Johnson Street Fort Myers, FL 33902	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Shawn McCarthy</u>			DATE: <u>4/30/04</u> (239) 338-2929		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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54052485

# 192060062287

Additional Director:

**Jason Steele**

U.S. Army Corps of Engineers  
Fort Myers Regulatory Office  
1520 Royal Palm Square Blvd.  
Suite 310  
Fort Myers, FL 33919