

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000466

FILED
Mar 17, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

8431 CASA DEL RIO LANE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8431 CASA DEL RIO LANE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0515643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUGATT, SHARON
8431 CASA DEL RIO LANE
FORT MYERS, FL 33919 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: P () Delete
Name: KEILING, BOB
Address: 4461-B HANCOCK BRIDGE PKWY.
City-St-Zip: N. FORT MYERS,, FL 33903

Title: O () Delete
Name: WENDORF, BRUCE
Address: 6475 GOLF COURSE BLVD.
City-St-Zip: PUNTA GORDA,, FL 33982

Title: S () Delete
Name: STEWART, CHRISTOPHER
Address: 5771 COUNTRY LAKE DR.
City-St-Zip: FORT MYERS, FL 33905

Title: T () Delete
Name: HAAS, GERALD
Address: 6515 PLANTATION PINES BLVD.
City-St-Zip: FORT MYERS,, FL 33966

Title: O () Delete
Name: BUBAR, RODNEY
Address: 4600 CUMMINS COURT
City-St-Zip: FORT MYERS, FL 33905

Title: O () Delete
Name: RICHMOND, KIRK
Address: 2655 ROCKFILL RD.
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GERALD HAAS

TRSR

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date