

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N95000000002 (4)
1. Corporation Name
SOUTHWEST FLORIDA COORDINATION, INC.

Principal Place of Business 10075 BAVARIA ROAD S.E. FORT MYERS FL 33913	Mailing Address 10075 BAVARIA ROAD S.E. FORT MYERS FL 33913
---	---

3. Date Incorporated or Qualified 12/30/1994	
4. FEI Number 65-0550304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHERIDAN, DELORIS J. SOUTHWEST FLORIDA COORDINATION INC 10075 BAVARIA RD SER FT MYERS FL 33913		81 Name DELORIS J. SHERIDAN	82 Street Address (P.O. Box Number is Not Acceptable)
		83 10075 BAVARIA ROAD	84 City FT. MYERS FL 85 Zip Code 33913

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Deloris J. Sheridan* DATE **1-15-98**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHAW, RICHARD	1.2 NAME	
STREET ADDRESS	% FT MYERS CITY HALL	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, BRIAN	2.2 NAME	
STREET ADDRESS	13099 US 41, SUITE 320	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUCKOLLS, PAUL	3.2 NAME	
STREET ADDRESS	3732 LIBERTY SQUARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, DAVID	4.2 NAME	
STREET ADDRESS	3607 S.E. 17TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, MARIAN	5.2 NAME	
STREET ADDRESS	17745 PORT BOCA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, ROSALIE	6.2 NAME	
STREET ADDRESS	504 N.E. 13TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33900	6.4 CITY-ST-ZIP	

14. 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 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: *Deloris J. Sheridan* **1-15-98 941-768-6154**

CR2E037 (10/97)