## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002805

FILED Jan 14, 2010 Secretary of State

Entity Name: SOUTHWEST FLORIDA CONCIERGE AND GUEST SERVICES ASSOCIATION, INC.

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

8296 LAUREL LAKES NAPLES, FL 34119 US

Current Mailing Address: New Mailing Address:

P.O. BOX 7126 NAPLES, FL 341017126

FEI Number: 65-0596974 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JACKSON, SUZANNE 5465 HAWTHORN WOODS WAY NAPLES, FL 34116 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: NEILSEN, JUDY
Address: 8296 LAUREL LAKES
City-St-Zip: NAPLES, FL 34119

Title: VP

Name: GERSHEN, NORMA Address: 14802 FRIPP ISLAND COURT

City-St-Zip: NAPLES, FL 34119

Title:

Name: JACKSON, SUZANNE

Address: 5465 HAWTHORN WOODS WAY

City-St-Zip: NAPLES, FL 34116

Title:

Name: HAWORTH, HOPE

Address: 736 WIGGINS LAKE DRIVE #101

City-St-Zip: NAPLES, FL 34110

Title: MEM

Name: ANTUNES, MICHAEL
Address: 23820 SAN MARINO ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PR

 Name:
 ALMEIDA, ALBERT

 Address:
 9055 CALOOSA ROAD

 City-St-Zip:
 FORT MYERS, FL 33967

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: ALBERT A ALMEIDA PR 01/14/2010