

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 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 # **N95000002961 (9)**

1. Corporation Name

**SOUTHWEST FLORIDA REGIONAL DEVELOPMENT CORPORATI
ON**

Principal Place of Business

Mailing Address

**4980 BAYLINE DRIVE
FOURTH FLOOR
NORTH FT MYERS FL 33917**

**P.O. BOX 3455
N FT MYERS FL 33917**



3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

65-0592148

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26 **P.O. Box 3455**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28 **N. Ft. Myers, FL**

24

Country

Zip

Country

25

29 **33918-3455** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALTRY, WAYNE E
4980 BAYLINE DRIVE
FOURTH FLOOR
N FT MYERS FL 33917**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KELLY, THOMAS**
STREET ADDRESS **1530 HEITMAN STREET**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **VPD** ☐ DELETE
NAME **SMITH, REGINA**
STREET ADDRESS **2180 W. FIRST STREET SUITE 306**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **STD** ☐ DELETE
NAME **BLEVINS, WILLIAM**
STREET ADDRESS **5801 PELICAN BAY BOULEVARD**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

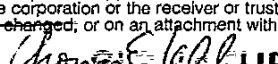
3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Blevins, William**
3.3 STREET ADDRESS **5801 Pelican Bay Boulevard**
3.4 CITY-ST-ZIP **Naples, FL 34108**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, changed, or on an attachment with an address.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98 941/656-7726

Date

Daytime Phone # 0062731

CR2E037 (10/97)