

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002961

FILED
Apr 04, 2005
Secretary of State

Entity Name: SOUTHWEST FLORIDA REGIONAL DEVELOPMENT CORPORATION

Current Principal Place of Business:

13180 N. CLEVELAND AVENUE
SUITE 232
NORTH FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13180 N. CLEVELAND AVENUE
SUITE 232
NORTH FT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0592148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, THOMAS
13180 N. CLEVELAND AVENUE
SUITE 232
NORTH FORT MYERS, FL 33903 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: STD () Delete
Name: REGELSKI, DANIEL
Address: 12751 WESTLINKS DRIVE, BLDG 3, UNIT 7
City-St-Zip: FT. MYERS, FL 33913

Title: D () Delete
Name: FREEMAN, JEFFREY
Address: 1800 SECOND STREET
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: CLARK, LESTER
Address: 6321 DANIELS PKWY
City-St-Zip: FORT MYERS, FL 339061279

Title: D (X) Delete
Name: CAROL, MO;NAR
Address: 1800 CORPORATE BLVD., NW
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REGELSKI, DANIEL
Address: 12751 WESTLINKS DRIVE, BLDG 3, UNIT 7
City-St-Zip: FT. MYERS, FL 33913

Title: D (X) Change () Addition
Name: FREEMAN, JEFFREY
Address: 4401 MANATEE AVE. WEST
City-St-Zip: BRADENTON, FL 34209

Title: D (X) Change () Addition
Name: CLARK, LESTER
Address: 13099 US41 SE, STE 310
City-St-Zip: FORT MYERS, FL 33907

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS WALLACE

PRES

04/04/2005

Electronic Signature of Signing Officer or Director

Date