2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002961

1. Entity Name
SOUTHWEST FLORIDA REGIONAL DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
13180 N. CLEVELAND AVENUE SUITE 232 NORTH FT MYERS, FL 33903	13180 N. CLEVELAND AVENUE SUITE 232 NORTH FT MYERS, FL 33903

01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0592148
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, THOMAS
13180 N. CLEVELAND AVENUE
SUITE 232
NORTH FORT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REGELSKI, DANIEL
STREET ADDRESS	12751 WESTLINKS DRIVE, BLDG 3, UNIT 7
CITY-ST-ZIP	FT. MYERS, FL 33913
TITLE	D
NAME	FREEMAN, JEFFREY
STREET ADDRESS	4401 MANATEE AVE. WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D
NAME	CLARK, LESTER
STREET ADDRESS	13099 US41 SE, STE 310
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000403892
02/06/06-80022-025 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. Wallace, Pres. 24 Jan 06 239 652 5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #