


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 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
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DOCUMENT # **N96000005521 (7)**

1. Corporation Name

FILIPINO-AMERICAN ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**4595 PALM BEACH BLVD
FT MYERS FL 33905**

**4595 PALM BEACH BLVD
FT MYERS FL 33905**

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number

65-0598502

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

21 1416 SE 31 ST

Suite, Apt. #, etc.

22

City & State

23 CAPE CORAL FL

Zip

24 33904

Country

25 USA

2a. Mailing Address

26 1416 SE 31 ST

Suite, Apt. #, etc.

27 CAPE CORAL FL

City & State

28

Zip

29 33904

Country

30 USA

9. Name and Address of Current Registered Agent

**TORIO, ISABELO S
4595 PALM BEACH BLVD
FT MYERS FL 33905**

10. Name and Address of New Registered Agent

81 Name JEANNE A. ISBERTO

**82 Street Address (P.O. Box Number is Not Acceptable)
1416 SE 31 ST STREET**

83 CAPE CORAL, FL 33904

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 *Jeanne A. Isberto*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DAVID, NICASIO M M**
STREET ADDRESS **4595 PALM BEACH BLVD**
CITY-ST-ZIP **FT MYERS FL**

TITLE **VD** ☐ DELETE

NAME **BUGARIN, DIONISIO M**
STREET ADDRESS **1909 SE 33RD TER**
CITY-ST-ZIP **FT MYERS FL**

TITLE **S** ☒ DELETE

NAME **KAYANAN, NENE**
STREET ADDRESS **6784 HIGHLAND PLACE PINE CIR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **T** ☒ DELETE

NAME **DAM, VICTORIA**
STREET ADDRESS **5089 NORTHAMPTON DR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☒ DELETE

NAME **SANTA MARIA, TONY**
STREET ADDRESS **13205 WHITE HAVEN LANE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE

NAME **TORIO, ISABELO S M.D.**
STREET ADDRESS **209 SE 40TH ST**
CITY-ST-ZIP **CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **DAVID NICASIO**
1.3 STREET ADDRESS **5089 NORTHAMPTON DR**
1.4 CITY-ST-ZIP **FT MYERS, FL 33919**

2.1 TITLE **P** ☐ Change ☒ Addition

2.2 NAME **JEANNE A. ISBERTO**
2.3 STREET ADDRESS **1416 SE 31 ST STREET**
2.4 CITY-ST-ZIP **CAPE CORAL FL 33904**

3.1 TITLE **T** ☐ Change ☒ Addition

3.2 NAME **ZENY PATEL**
3.3 STREET ADDRESS **3714 SE 3RD AV**
3.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

4.1 TITLE **V** ☐ Change ☒ Addition

4.2 NAME **MICHAEL HAMILTON**
4.3 STREET ADDRESS **1408 SE 37TH ST**
4.4 CITY-ST-ZIP **CAPE CORAL, FL 33904**

5.1 TITLE **V** ☐ Change ☒ Addition

5.2 NAME **JESUS NOEL SILANG**
5.3 STREET ADDRESS **4800 AIRPORT RD**
5.4 CITY-ST-ZIP **NAPLES FL 34105**

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 if changed, or on an attachment with an address.

SIGNATURE: *Jeanne A. Isberto*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24, 1998 **941-945-7872**
Date Daytime Phone #

CR2E037 (5/98)