


FILE NOW: FILING FEE IS \$61.25

FILED

May 12 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 # N97000003726 (3)
1. Corporation Name
SOUTHWEST FLA. PDCA, INC.



Principal Place of Business: 5000 TAYLOR ROAD NAPLES FL 34109
Mailing Address: 5000 TAYLOR ROAD NAPLES FL 34109

3. Date Incorporated or Qualified: 06/27/1997
4. FEI Number: 59-3455622
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 1208 Imperial Dr. Suite, Apt. #, etc.
22 City & State: 23 Naples, FL
24 Zip: 34110 25 Country: USA
26 Mailing Address: 26 "Same"
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
SLACK, MARK A
5900 TAYLOR ROAD
NAPLES FL 34109

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MICHAEL	1.2 NAME	
STREET ADDRESS	6530 SHIRLEY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, BRYAN	2.2 NAME	John Rust Rust, Robert J.
STREET ADDRESS	7535 MORGAN RD	2.3 STREET ADDRESS	900 6th Ave. S., Ste 303
CITY-ST-ZIP	FT. MYERS FL 33942	2.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, GARY	3.2 NAME	
STREET ADDRESS	5833 HOUCHIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, DENNIS	4.2 NAME	
STREET ADDRESS	766 W VALLEY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	4.4 CITY-ST-ZIP	
TITLE	Sch	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP Schaller, John
STREET ADDRESS		5.3 STREET ADDRESS	2627 Horseshoe Ct.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 34104
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP Urban, Tom
STREET ADDRESS		6.3 STREET ADDRESS	5731 12th Ave. S.W.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 34116

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 of 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 _____ DATE: 11/30/98 941-21-1941

CF2E037 (10/97)