

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005035

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** PARKINSON ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2950 TAMIAMI TRAIL NO.  
20  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2950 TAMIAMI TRAIL NO.  
20  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-3471412      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOLLMAN, EDWARD E  
5129 CASTELLO DR., STE. 1  
NAPLES, FL 34103 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: ED  
Name: STEWART, LINDA L  
Address: 206 MARSEILLE DR.  
City-St-Zip: NAPLES, FL 34103

Title: CD  
Name: SMITH, ANNALISE  
Address: 5761 NAPA WOODS WAY  
City-St-Zip: NAPLES, FL 34116

Title: TD  
Name: MOJAVE, CAROL  
Address: 925 NEW WATERFORD DR.  
City-St-Zip: NAPLES, FL 34104

Title: SEC  
Name: AUKSEL, KATHY  
Address: 1086 FOREST LAKES DR. #105  
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: LINDA STEWART

ED

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date