

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

0536299 AV

04-16-2003 90249 037 ***150.00

DOCUMENT # P02000055734

1. Entity Name
SOUTHWEST FLORIDA REAL ESTATE FUND, INC.



Principal Place of Business
**800 LAUREL OAK DRIVE
SUITE 200
NAPLES FL 34108**

Mailing Address
**800 LAUREL OAK DRIVE
SUITE 200
NAPLES FL 34108**



2. Principal Place of Business
5633 Strand Boulevard

3. Mailing Address
5633 Strand Boulevard

Suite, Apt. #, etc.
Suite 315

Suite, Apt. #, etc.
Suite 315

CHECK HERE IF MAKING CHANGES

City & State
Naples, Florida

City & State
Naples, Florida

4. FFL Number
010685295

Applied For
 Not Applicable

Zip
34110

Country
Collier

Zip
34110

Country
Collier

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

6. Name and Address of Current Registered Agent

**SCHROEDER, DENNIS R
800 LAUREL OAK DRIVE
SUITE 200
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
Schroeder, Dennis B.

Street Address (P.O. Box Number is Not Acceptable)
5633 Strand Boulevard, Suite 315

City
Naples

State
FL

Zip Code
34110

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  **Dennis B. Schroeder** **4-08-03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, DENNIS B 800 LAUREL OAK DRIVE #200 NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUEGER, WILBUR W 242 MERMAIDS BIGHT NAPLES FL 34131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHILLY, DONALD 9933 ALLIANCE ROAD CINCINNATI OH 45242	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5633 Strand Boulevard, Suite 315 Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Larkin, Court 8665 Bay Colony Drive #702 Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Raley, James, Jr. 5814 Cinzano Court Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 607, 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:  **Dennis B. Schroeder** **4-8-03** **239-596-2600**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)