2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171758

Entity Name: BANK OF FLORIDA - SOUTHWEST

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1185 IMMOKALEE RD NAPLES, FL 34110					
Current Mailing Address:			New Mailir	New Mailing Address:	
1185 IMMOKALEE RD NAPLES, FL 34110					
FEI Number:	59-3615345	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
				IANA M SEC OKALEE RD. FL 34110 US	
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: DIANA M. NOBLE				04/30/2009	
	Electroni	c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BARBER, DONA 3606 ENTERPRI NAPLES, FL 34	SE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DCEO () MORGAN, DANN 1185 IMMOKALE NAPLES, FL 34	EE ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () COOK, THOMAS 4949 TAMIAMI T NAPLES, FL 34	RAIL N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COX, JOE B 1185 IMMOKALE NAPLES, FL 34		Title: Name: Address: City-St-Zip:	D (X) Change () Addition COX, JOE B 1185 IMMOKALEE RD, STE. 110 NAPLES, FL 34110	
Title: Name: Address: City-St-Zip:	D () MORTON, ED 1185 IMMOKALE NAPLES, FL 34		Title: Name: Address: City-St-Zip:	CD (X) Change () Addition MORTON, ED 1185 IMMOKALEE ROAD NAPLES, FL 34110	
Title: Name: Address: City-St-Zip:	D () HOLE, STANLEY 3303 GIN LANE NAPLES, FL 34		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BUDD, RUSSELL 4395 CORPORATE SQUARE NAPLES, FL 34104	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA M. NOBLE S 04/30/2009