

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171758

FILED
Apr 07, 2010
Secretary of State

Entity Name: BANK OF FLORIDA - SOUTHWEST

Current Principal Place of Business:

1185 IMMOKALEE RD
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1185 IMMOKALEE RD
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3615345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOBLE, DIANA M SEC
1185 IMMOKALEE RD.
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

DORGAN, FABRIENA SEC
1185 IMMOKALEE RD.
NAPLES, 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: FABRIENA DORGAN

04/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: BARBER, DONALD
Address: 3606 ENTERPRISE AVE
City-St-Zip: NAPLES, FL 34104

Title: DCEO
Name: HELLWEGE, ROY N
Address: 1185 IMMOKALEE ROAD
City-St-Zip: NAPLES, FL 34110 US

Title: D
Name: COOK, THOMAS L M.D.
Address: 11161 HEALTH PARK SOUTH
City-St-Zip: NAPLES, FL 34110

Title: D
Name: COX, JOE B
Address: 1185 IMMOKALEE RD, STE. 110
City-St-Zip: NAPLES, FL 34110

Title: CD
Name: MORTON, ED
Address: 600 5TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D
Name: BUDD, RUSSELL
Address: 4395 CORPORATE SQUARE
City-St-Zip: NAPLES, FL 34104

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROY N. HELLWEGE

DCEO

04/07/2010

Electronic Signature of Signing Officer or Director

Date