

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710402

**Entity Name:** CONSERVANCY OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**1495 SMITH PRESERVE WAY  
NAPLES, FL 34102**Current Mailing Address:**1495 SMITH PRESERVE WAY  
NAPLES, FL 34102 US**FEI Number: 59-1157084****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MOHER, ROBERT J  
1495 SMITH PRESERVE WAY  
NAPLES, FL 34102 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, CEO
Name	MOHER, ROBERT J
Address	1495 SMITH PRESERVE WAY
City-State-Zip:	NAPLES FL 34102

Title	CFO
Name	POLLOCK, VICTORIA
Address	1495 SMITH PRESERVE WAY
City-State-Zip:	NAPLES FL 34102

Title	CHAIR
Name	MUELLER, CHARLIE
Address	4301 GULF SHORE BLVD N - UNIT 500
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	SEIFERT, PAUL
Address	1495 SMITH PRESERVE WAY
City-State-Zip:	NAPLES FL 34102

Title	VICE CHAIR
Name	NOLTE, JAMES
Address	2245 MIRAMONTE COURT
City-State-Zip:	NAPLES FL 34105

Title	SECRETARY
Name	JOHNSON, KIMBERLY
Address	945 BARCARMIL WAY
City-State-Zip:	NAPLES FL 34110

Title	TREASURER
Name	WALTER, JOHN
Address	4351 GULF SHORE BLVD. N UNIT 10
City-State-Zip:	NAPLES FL 34103

*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: VICTORIA POLLOCK****CFO****02/06/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date