

**2020 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            BOARD CHAIR  
Name            WILLIAMS, VAN ZANDT  
Address        1626 CHINABERRY WAY  
City-State-Zip: NAPLES FL 34105

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

Title            TREASURER  
Name            WALTER, JOHN  
Address        4351 GULFSHORE BLVD - UNIT 10  
                    SOUTH  
City-State-Zip: NAPLES FL 34103

Title            VICE BOARD CHAIR  
Name            GRESH, PHILIP  
Address        23163 FOXBERRY LN  
City-State-Zip: BONITA SPRINGS FL 34135

Title            SECRETARY  
Name            MOLL, GERRI  
Address        60 SEAGATE DR.  
                    #1603  
City-State-Zip: NAPLES FL 34103

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

*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****02/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date