

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000510

Entity Name: THE FILIPINO-AMERICAN ASSOCIATION OF SOUTHWEST FLORIDA, INC.**FILED**
Feb 24, 2015
Secretary of State
CC0762402611**Current Principal Place of Business:**1634 SE 47TH STREET
SUITE #2
CAPE CORAL, FL 33910**Current Mailing Address:**PO BOX 100985
CAPE CORAL, FL 33910**FEI Number: 65-1050222****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ISBERTO, MILAGROS J
1409 NE 3RD TERRACE
CAPE CORAL, FL 33909 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: MILAGROS A. ISBERTO****02/24/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ISBERTO, MILAGROS J
Address	1409 NE 3RD TERRACE
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	MANALILI, SIMEON
Address	1821 CORAL CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	VP
Name	SAKORNSIN, FLORA DR.
Address	1636 SE 46 ST
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	CAANGAY, BETH
Address	1970 HIDDEN ACRES CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	DIRECTOR
Name	PAYAWAL , ROSALINDA T
Address	505 WILDWOOD PARKWAY
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	ANDRES, BOBBY
Address	1114 SE 22ND TERR
City-State-Zip:	CAPE CORAL FL 33990

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: MILAGROS JEANNE ISBERTO**PRESIDENT****02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date