

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010153

Entity Name: MEMBERSHIP DIRECTORS OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**22801 OAKWILDE BLVD
BONITA SPRINGS, FL 34135**Current Mailing Address:**22801 OAKWILDE BLVD
BONITA SPRINGS, FL 34135 US**FEI Number: 81-4441367****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**OSBORN, DANITA
22801 OAKWILDE BLVD
BONITA SPRINGS, FL 34135 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	P
Name	OSBORN, DANITA L
Address	22801 OAKWILDE BLVD
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	YANZER, KRISTEN
Address	20300 COUNTRY CLUB DRIVE
City-State-Zip:	ESTERO FL 33928

Title	D
Name	JACOB, DANIELA G
Address	17930 CASTLE HARBOR DRIVE
City-State-Zip:	FORT MYERS FL 33967

Title	T
Name	GLASCO, STEPHANIE
Address	26660 COUNTRY CLUB DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	S
Name	MERCER, TAMMY
Address	9470 BENT GRASS BEND
City-State-Zip:	NAPLES FL 34108

Title	D
Name	PEDIT, KATHIE
Address	410 DOCKSIDE DRIVE
City-State-Zip:	NAPLES FL 34110

Title	D
Name	LISKIN, JENNAH
Address	2500 CRAYTON ROAD
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: DANITA OSBORN**PRESIDENT****02/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date