

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47407

**Entity Name:** SOUTHWEST FLORIDA USBC ASSOCIATION, INC.**Current Principal Place of Business:**2407 DEL PRADO BLVD S  
CAPE CORAL, FL 33990**Current Mailing Address:**2407 DEL PRADO BLVD S  
CAPE CORAL, FL 33990 US**FEI Number:** 20-4297226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, ROBERT  
1604 BRAMAN AVE  
FORT MYERS, FL 33901 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 ASSOCIATION MANAGER  
Name TAYLOR, ROBERT L  
Address 1604 BRAMAN AVENUE  
City-State-Zip: FORT MYERS FL 33901

Title P  
Name WILSON, MIKE J  
Address 2237 DOVER AVE.  
City-State-Zip: FORT MYERS FL 33907

Title VICE PESIDENT  
Name CARR, NYLA  
Address 18083 REGAN AVE.  
City-State-Zip: PORT CHARLOTTE FL 33948

Title VP  
Name HIGHAM, DANIEL J  
Address 2332 CORAL POINT DR.  
City-State-Zip: CAPE CORAL FL 33990

Title VP  
Name STEWART, KRISSY  
Address 1021 SE 5TH STREET  
City-State-Zip: CAPE CORAL FL 33990

Title D  
Name SPIVEY, ERIC  
Address 9455 IVY BROOK RUN 1004  
City-State-Zip: FORT MYERS FL 33913

Title D  
Name LOTT, HOLLY  
Address 5409 SKYLINE BLVD  
City-State-Zip: CAPE CORAL FL 33914

*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:** ROBERT L TAYLOR

ASSOCIATION MANAGER 01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date