

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47407

Entity Name: SOUTHWEST FLORIDA USBC INC.**Current Principal Place of Business:**4140 FOWLER STREET
FORT MYERS, FL 33901**Current Mailing Address:**4140 FOWLER STREET
FORT MYERS, FL 33901**FEI Number:** 59-2788086**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERS, ROBERT JSR
4140 FOWLER STREET
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	P
Name	HIGHAM, DANIEL J
Address	2332 CORAL POINTE DRIVE
City-State-Zip:	CAPE CORAL FL 33990

Title	VP
Name	TAYLOR, ROBERT L
Address	1604 BRAMAN AVE
City-State-Zip:	FORT MYERS FL 33901

Title	VP
Name	JUDD, WALTER
Address	21667 WINDHAM RUN
City-State-Zip:	ESTERO FL 33928

Title	MD
Name	PETERS, ROBERT JSR
Address	520 GRANT AVENUE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	VP
Name	CARR, WAYNE
Address	18083 REGAN AVE
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	MCFARLAND, FREDERICK SR
Address	11491 6TH AVE
City-State-Zip:	PUNTA GORDA FL 33955

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 J. PETERS SR**ASSOCIATION MANAGER** 01/30/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date