

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000466

FILED
Jan 07, 2016
Secretary of State
CC1165314478

Entity Name: SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 62207
FORT MYERS, FL 33906-2207

Current Mailing Address:

P. O. BOX 62207
FORT MYERS, FL 33906-2207 US

FEI Number: 65-0515643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASON, RHONDA
2915 S. E. 5TH COURT
CAPE CORAL, FL 33904 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: RHONDA CASON

01/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HUNT BRANCH, AARON
Address	305 S.W. 3RD STREET
City-State-Zip:	CAPE CORAL FL 33991
Title	SECRETARY
Name	STEWART, CHRIS
Address	5771 COUNTRY LAKES DRIVE
City-State-Zip:	FORT MYERS FL 33905
Title	VP
Name	SAPPAH, MIKE
Address	6581 SLATER PINES DRIVE
City-State-Zip:	NORTH FORT MYERS FL 33917
Title	DIRECTOR
Name	GIBSON, FRANK
Address	4600 CUMMINS COURT
City-State-Zip:	FORT MYERS FL 33905

Title	OFFICER
Name	PENNER, MITCHELL
Address	6001 SHIRLEY STREET
City-State-Zip:	NAPLES FL 34109
Title	TREASURER
Name	HAAS, JERRY
Address	6515 PLANTATION PINES BOULEVARD
City-State-Zip:	FORT MYERS FL 33966
Title	DIRECTOR
Name	WENDORF, BRUCE
Address	645 CHARLOTTE STREET
City-State-Zip:	PUNTA GORDA FL 33950
Title	EXECUTIVE DIRECTOR
Name	CASON, RHONDA
Address	P. O. BOX 62207
City-State-Zip:	FORT MYERS FL 33906-2207

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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: RHONDA CASON

EXECUTIVE DIRECTOR

01/07/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name RUSSELL, BOB
Address 305 S.W. 3RD STREET
City-State-Zip: CAPE CORAL FL 33991