2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# N00000008479

Entity Name: MS HOME - SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

950 3RD AVE N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

POB 7691
NAPLES, FL 34101

New Mailing Address:

FEI Number: 31-1763776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTHERINGER, LISA
705 WILLOWHEAD DR.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LUTHERINGER, LISA
Address: 705 WILLOWHEAD DR.
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: HEIL, DEBBIE
Address: 6582 TRAIL BLVD.
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: ISAACSON, JILL
Address: 293 MONTTEREY DR
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: MONTGOMERY, JODI
Address: 28210 OLD 41 RD 305
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: ZWIBLEMAN, DEBBIE
Address: 630 W ST
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LUTHERINGER, LISA RN MSN
Address: 705 WILLOWHEAD DR.
City-St-Zip: NAPLES, FL 34103 US

Title: D (X) Change ( ) Addition
Name: HEIL, DEBBIE DR
Address: 6582 TRAIL BLVD.
City-St-Zip: NAPLES, FL 34108 US

Title: D (X) Change ( ) Addition
Name: ISAACSON, JILL
Address: 293 MONTEREY DR
City-St-Zip: NAPLES, FL 34119 US

Title: D (X) Change ( ) Addition
Name: MONTGOMERY, JODI
Address: 28210 OLD 41 RD 305
City-St-Zip: NAPLES, FL 34108 US

Title: D (X) Change ( ) Addition
Name: ZVIBLEMAN, DEBBIE
Address: 630 W ST
City-St-Zip: NAPLES, FL 34119 US

Title: D ( ) Change (X) Addition
Name: SCHARLACKEN, LORNA J
Address: 8142 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34109 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORNA SCHARLACKEN D 01/24/2007

Electronic Signature of Signing Officer or Director — Date