SECOND NOTICE: CO[illegible] SOLVED O[illegible] AFTER[illegible]
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

0014570

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT 21 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 761503 (2)

1. Corporation Name

HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
16000 CHAMBERLIN PKWY SUITE 8671 FORT MYERS FL 33913 US	1600 CHAMBERLIN PKWY SUITE 8671 FORT MYERS FL 33913 US

3. Date Incorporated or Qualified: 01/19/1982

4. FEI Number: 59-1620330 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VLASAK-SNELL, MARY
1833 HENDRY ST
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 300002672853--2

83 -10/26/98--01115--002 ****236.25 ****236.25

84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	THORN, LORI		1.2 NAME	Lynn Barber	
STREET ADDRESS	12693 NEW BRITTANY BLVD, STE B		1.3 STREET ADDRESS	PO Box 280 N/A	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Ft Myers, FL 3	
TITLE	P	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	FLATH, DENISE M		2.2 NAME	Jennifer Cave-Smith	
STREET ADDRESS	1833 HENDRY ST		2.3 STREET ADDRESS	PO Box 2217 N/A	
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP	Ft Myers, FL	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☐ Addition
NAME	KEOGH, KATHY		3.2 NAME	Jana Hambruch	
STREET ADDRESS	2500 EDWARDS DR		3.3 STREET ADDRESS	24311 Walden Center Suite 100	
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	☐ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	MITCHELL, SONDRA		4.2 NAME	Joan Jakobi	
STREET ADDRESS	2035 COLONIAL BLVD		4.3 STREET ADDRESS	12635 S. Cleveland	
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP	Ft Myers, FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	ADLER, JOAN		5.2 NAME	John Koehler	
STREET ADDRESS	4995 SAVONA DR		5.3 STREET ADDRESS	P.O Box 1357 N/A	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	Ft Myers, FL	
TITLE	V	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	BARBER, LYNN		6.2 NAME	Teresa Dudek	
STREET ADDRESS	P.O BOX 280 N/A		6.3 STREET ADDRESS	2131 Andrea Lane	
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP	Ft Myers, FL 33912	

CR2E037 (5/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/11/98 (941) 948-1812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JANA HAMBRUCH Treasurer