

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J42848 (8)

1. Corporation Name

COMMUNITY DEVELOPMENT CORPORATION OF SOUTHWEST FLORIDA

Principal Place of Business

1100 FIFTH AVENUE SOUTH
SUITE 401
NAPLES FL 33940-3416

Mailing Address

1100 FIFTH AVENUE SOUTH
SUITE 401
NAPLES FL 33940-3416

2. Principal Place of Business

21 4863 Golden Gate
Suite, Apt. #, etc. Parkway

2a. Mailing Address

26 4863 Golden Gate
Suite, Apt. #, etc. Parkway

23 City & State

NAPLES FL

27 City & State

NAPLES FL

24 Zip

33999

25 Country

29 Zip

33999

30 Country

9. Name and Address of Current Registered Agent

RICHARD TAYLOR
1100 FIFTH AVENUE SOUTH
SUITE 401
NAPLES FL 33940

REINSTATEMENT

3. Date Incorporated or Qualified
11/10/1986

3a. Date of Last Report
05/01/1995

4. FEI Number

50-2776234

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Stuart O. Kaye

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

4863 Golden Gate Parkway

83 City

NAPLES

84 State

FL

85 Zip

33999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

10/8/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	DPT KAYE, STUART O.	1100 FIFTH AVENUE SOUTH SUITE 401	NAPLES FL	<input type="checkbox"/>
	V.P.E.S.	TAYLOR, RICHARD	1100 FIFTH AVENUE SOUTH SUITE 401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		500002010985--1	-11/21/96--01033--022	<input type="checkbox"/>	<input type="checkbox"/>
		***450.00	***\$6.25	<input type="checkbox"/>	<input type="checkbox"/>
		500002010985--1	-11/21/96--01033--023	<input type="checkbox"/>	<input type="checkbox"/>
		***317.50	***\$317.50	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

10/2/96

Daytime Phone #

CR2E034 (12/85)