FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42848 (8)

1. Corporation Name

COMMUNITY DEVELOPMENT CORPORATION OF SOUTHWEST F LORIDA

Principal Place of Business	Mailing Address
1100 FIFTH AVENUE SOUTH SUITE 401 NAPLES FL 33940-3416	1100 FIFTH AVENUE SOUTH SUITE 401 NAPLES FL 33940-3416

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/10/1986
3a. Date of Last Report: 03/22/1994

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

4. FEI Number: 59-2776234 ☐ 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

9. Name and Address of Current Registered Agent

SEXTON, DAVID N.
1167 THIRD STREET SOUTH
SUITE 107
NAPLES FL 33940

10. Name and Address of New Registered Agent

91 Name: Richard Taylor
92 Street Address (P.O. Box Number is Not Acceptable): 1100 Fifth Avenue South
93: Suite 401
94 City: Naples **FL** 95 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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: Richard Taylor 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Director, Pres., Treasurer	XX Change ☐ Addition
NAME	KAYE, STUART O	1.2 NAME	Kaye, Stuart O.	
STREET ADDRESS	1100 FIFTH AVENUE SOUTH	1.3 STREET ADDRESS	1100 Fifth Avenue South Suite 401	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		2.1 TITLE	VP Finance, Secretary	☐ Change XX Addition
NAME		2.2 NAME	Taylor, Richard	
STREET ADDRESS		2.3 STREET ADDRESS	1100 Fifth Avenue South Suite 401	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Stuart O. Kaye 3/7/95 (813) 649-1952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320234 CP