FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J42848

(8)

COMMUNITY DEVELOPMENT CORPORATION OF SOUTHWEST F

LORIDA	1					
Principal Plac	Mailing Address	ing Address		- 1 1001110 0111 01010 11001 10111 01801 1011 81011 01	Der Ather Arbij Bilber Arber 1881	
4883 GOLDEI NAPLES FL 3	n gate parkway M116	4863 GOLDEN GATE F NAPLES FL 34116	4863 GOLDEN GATE PARKWAY NAPLES FL 34116		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/10/1986	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2776234	Not Applicable
22	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Cour 30	ntry	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
9, Name and Address of Current Registered Agent					10. Name and Address of New Registers	
KAYE, STUART O				81 Name		
4863 GOLDEN GATE PARKWAY			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)		
NA	PLES FL 33999		-	83		
			ļ			
			i	B4 City	F	85 Zip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	02 and 607,1508, Florida Sta e of Florida. Such change wa gations of, Section 607,0505,	tutes, the ab as authorized Florida Statu	ove-named corporations.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered as	oon and tile if applicable (f)	NOTE Registered	Agent signature requi	ired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPT	DELETE	1,1 111	.E		Change Addition
NAME	KAYE, STUART O		1.2 NA	AE .		
STREET ADDRESS	4863 GOLDEN GATE PKWY		1.3 ST	IEET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34116			Y-ST-ZIP		
TITLE	VPS	DELETE	2 1 TIT	ļ		Change Addition
NAME	KAYE, JAY		2.2 NA	. 1		
STREET ADDRESS	4863 GOLDEN GATE PKWY			REET ADDRESS		
CITY-ST-ZIP TITLE	NAPLES FL 34116	DELETE	2. 4 CF	Y-ST-ZIP		Change Addition
NAME		ے مدارات	3.1 NA			C cilguige C Audution
STREET ADDRESS				EET ADDRESS		ŀ
CITY-ST-ZIP			I '	Y-ST-ZIP		
TITLE		DELETE	4.1 TiT			Change Addition
NAME			4. 2 NA	ME }		·
STREET ADDRESS			4.3 STF	EET ADORESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		DELETE	5.1 717			Change Addition
NAME			5.2 NA	AE		
STREET ADDRESS			5.3 STF	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETÉ	6 1 TIT	.E		Change Addition
NAME			6.2 NA	AE		
STREET ADDRESS			6.3 STF	EET ADORESS		
CITY+S1-7IP			6.4.CIT	Y-ST. 7IP		

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

SIGNATURE:

Davtime Phone # 0440047

FILED

May 06 1998 8:00am

Secretary of State