2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008167

FILED Feb 09, 2009 Secretary of State

Entity Name: HOUSING DEVELOPMENT CORPORATION OF SW FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 4779 ENTERPRISE AVENUE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 4779 ENTERPRISE AVENUE NAPLES, FL 34104 FEI Number: 38-3695928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CECIL, W. JEFFEREY GOLDEN, SUSAN 5801 PELICAN BAY BLVD 2264 CLIPPER WAY NAPLES, FL 34104 US SUITE 300 NAPLES, FL 34108 US 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: SUSAN GOLDEN 02/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CHESSER, CHRIS CHESSER, CHRIS Name: Name: 13340 OLD LIVINGSTON RD Address: 13340 OLD LIVINGSTON RD Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: SD () Delete Title: (X) Change () Addition CECIL, W JEFFREY Name: BIBBY, MARTHA Name: Address: 5801 PELICAN BAY BLVD STE 300 Address: 1905 IMPERIAL GOLF COURSE BLVD City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34110 Title: PD() Delete Title: () Change () Addition SETTLE, BRIAN Name: Name: Address: 350 SEVENTH ST W Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: () Delete Title: TD () Change (X) Addition Name: Name: GOLDEN, SUSAN 2264 CLIPPER WAY Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change (X) Addition SERRATA, ESMERLDA Name: Name: 1800 FARM WORKER WAY Address: Address: City-St-Zip: City-St-Zip: IMMOKALEE, FL 34142 Title: () Delete Title: () Change (X) Addition PASSERI, FRANCESCA Name: Name: Address: Address: 821 5TH AVENUE SOUTH NAPLES, FL 34102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHY PATTERSON ED 02/09/2009