

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011219

FILED
Mar 23, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA GWI HOUSING X, INC.

Current Principal Place of Business:

4940 BAYLINE DR
N FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

4940 BAYLINE DR
N FT MYERS, FL 33917

New Mailing Address:

FEI Number: 51-0530426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEVEREAUX, JEAN
Address: 1435 SE 34TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: POTTORF, RAY V
Address: 950 AQUA LANE
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: SCHNEIDER, DALE
Address: 7000 BARRANCAS AVE
City-St-Zip: BOKEELIA, FL 33922

Title: STD () Delete
Name: HAMEL, SHARLENE
Address: 1387 WALES DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ADAMS, DANIEL
Address: 2180 W FIRST STREET SUITE 212
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: HOLLAND, RAYMOND
Address: 1400 NORTH 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HAMEL/DOZIER, SHARLENE
Address: 1387 WALES DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STACEY PIANKA

DIR

03/23/2009

Electronic Signature of Signing Officer or Director

Date