

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N29298 (9)**  
1. Corporation Name  
**AFFORDABLE HOUSING OF S.W. FLORIDA, INC.**



Principal Place of Business Mailing Address  
**3285 TAMAMI TRAIL EAST  
NAPLES FL 33962  
US**

3. Date Incorporated or Qualified **11/15/1988** 3a. Date of Last Report **12/22/1995**  
4. FEI Number **65-0150050** 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

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

9. Name and Address of Current Registered Agent  
**KOGER, SHERRY S.  
3285 TAMAMI TRAIL EAST  
NAPLES FL 33962**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOGER, SHERRY S</b>	1.2 NAME	
STREET ADDRESS	<b>3285 TAMAMI TRAIL EAST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FALCIGLIA, MARIBETH</b>	2.2 NAME	<b>FALCIGLIA, THOMAS J.</b>
STREET ADDRESS	<b>12730 NEW BRITANNY BOULEVARD</b>	2.3 STREET ADDRESS	<b>4933 Tamiami Trail North, Suit304</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33907</b>	2.4 CITY-ST-ZIP	<b>Naples, FL 33940</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, LAUREN C</b>	3.2 NAME	
STREET ADDRESS	<b>811 ANCHOR RODE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEWMAN, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>4099 TAMAMI TRAIL NORTH STE 301</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUMB, NANCY A</b>	5.2 NAME	<b>I' WHITTENHALL, JOEL E.</b>
STREET ADDRESS	<b>1501 LAKE TRAFFORD ROAD</b>	5.3 STREET ADDRESS	<b>27975 Old 41 Road</b>
CITY-ST-ZIP	<b>IMMOKALEE FL 33934</b>	5.4 CITY-ST-ZIP	<b>Bonita Springs, FL 33959</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAY, NANCY</b>	6.2 NAME	<b>MEROLLA, NANCY</b>
STREET ADDRESS	<b>100 N.E. THIRD AVENUE STE 100</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry S. Koger Date 941-263-1351  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)