

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90021 027 ****61.25

DOCUMENT # N33268

1. Corporation Name

SOUTHWEST FLORIDA HOUSING PARTNERSHIP, INC.

Principal Place of Business

1020 GOODLETTE ROAD
NAPLES FL 34102
US

Mailing Address

1020 GOODLETTE ROAD
NAPLES FL 34102
US



2. Principal Place of Business

21 2206 MAJESTIC CT

2a. Mailing Address

26 2206 MAJESTIC CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples FL

City & State

28 Naples FL

Zip Country

24 34110 25

Zip Country

29 34110 30

3. Date Incorporated or Qualified

07/14/1989

4. FEI Number

65-0132433

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

9. Name and Address of Current Registered Agent

OLSON, CLIFFORD
1020 GOODLETTE ROAD
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name MARK L. LINDNER

82 Street Address (P.O. Box Number is Not Acceptable)
2206 MAJESTIC COURT

83

84 City Naples

FL

85 Zip Code 34110

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

Mark L. Lindner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MIHLIC, GREGORY
STREET ADDRESS 1020 GOODLETTE ROAD
CITY-ST-ZIP NAPLES FL 34102 ☐ DELETE

TITLE STD
NAME OLSON, CLIFFORD A
STREET ADDRESS 1020 GOODLETTE ROAD
CITY-ST-ZIP NAPLES FL 34102 ☒ DELETE

TITLE D
NAME SULLIVAN, FRED
STREET ADDRESS 1020 GOODLETTE ROAD
CITY-ST-ZIP NAPLES FL 34102 ☒ DELETE

TITLE D
NAME THOMAS, FRED
STREET ADDRESS 1020 GOODLETTE ROAD
CITY-ST-ZIP NAPLES FL 34102 ☐ DELETE

TITLE ~~PRESIDENT DIRECTOR~~
NAME ~~MARK L. LINDNER~~
STREET ADDRESS ~~2206 MAJESTIC CT~~
CITY-ST-ZIP ~~NAPLES, FL 34110~~ ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DIRECTOR + SECT. TRUSTS. ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

PRESIDENT DIRECTOR
MARK L. LINDNER
2206 MAJESTIC CT
NAPLES, FL 34110

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/99

Date

(941) 262-4333

Daytime Phone #

CR2E037 (11/98)