

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N33268

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHWEST FLORIDA HOUSING PARTNERSHIP, INC.

Current Principal Place of Business:

2206 MAJESTIC CT
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2206 MAJESTIC CT
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0132433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDNER, MARK L
2206 MAJESTIC CT
NAPLES, FL 34110 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: DS () Delete
Name: MIHLIC, GREGORY
Address: 400 CARICA RD
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: THOMAS, FRED
Address: 1800 FARM WORKER WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: PD () Delete
Name: LINDNER, MARK L
Address: 2206 MAJESTIC CT
City-St-Zip: NAPLES, FL 34110

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK L. LINDNER

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date