SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90023 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N95000001963**

618171 - 90023 - 15

1. Corporation Name

SOUTHWEST UNITED COMMUNITIES, INC.

Principal Place of Business	Mailing Address
4271 SCHANK COURT ORLANDO FL 32811	4271 SCHANK COURT ORLANDO FL 32811

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 750 PLAZA O.B.T	26 SAME	04/18/1995
Suite, Apt. #, etc. 22 STE. 263	Suite, Apt. #, etc. 27	4. FEI Number 59-3329576 ☐ Applied For ☐ Not Applicable
City & State 23 Orlando, FL.	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32805 Country 25 ORANGE	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALTER, CLINTON L 1516 CROOMS STREET ORLANDO FL 32805	81 Name ERNEST PAGE 82 Street Address (P.O. Box Number is Not Acceptable) 4271 Schank Ct. 83 84 City Orlando FL 85 Zip Code 32811

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 Ernest Page — ERNEST PAGE — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, LOUIS A		1.2 NAME	
STREET ADDRESS	4266 BOOKER ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SALTER, CHARLES J.		2.2 NAME	
STREET ADDRESS	3464 DOMI-FITE CRT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROMFIELD, MAXINE		3.2 NAME	
STREET ADDRESS	2104 RAVEHALL ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	
TITLE	D	☑ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	LONG, MARIAN		4. 2 NAME	Abdul Sulaki
STREET ADDRESS	1224 FRAIZER STREET		4.3 STREET ADDRESS	1517 Guinyard street
CITY-ST-ZIP	ORLANDO FL 32811		4.4 CITY-ST-ZIP	Orlando, FL. 32805
TITLE	D	☑ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	PHILLIPS, SUSIE		5.2 NAME	LAURETHA BUNTON
STREET ADDRESS	3316 S. WILTS CIRCLE		5.3 STREET ADDRESS	2173 LISTON Ct.
CITY-ST-ZIP	ORLANDO FL 32805		5.4 CITY-ST-ZIP	Orlando, FL. 32811
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, SHIRLEY		6.2 NAME	
STREET ADDRESS	4215 TATUM STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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 REQUIRED — 8/27/99 — (407) 420-9380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #