SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # N97000006790 (6)

1. Corporation Name

HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
6075 GOLDEN GATE PARKWAY NAPLES FL 34116	6075 GOLDEN GATE PARKWAY NAPLES FL 34116

3. Date Incorporated or Qualified: 12/08/1997

4. FEI Number: 65-0800233 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CECIL, W. JEFFREY 4501 TAMIAMI TRAIL N., #400 NAPLES FL 34103	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 _____ 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	MCKIM, ANN "MISSY"		1.2 NAME	
STREET ADDRESS	3055 RIVIERA DRIVE, #203		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FITZ, VANESSA		2.2 NAME	
STREET ADDRESS	1455 PELICAN AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHIMMEL, DAVID C		3.2 NAME	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GOLDEN, SUSAN		4.2 NAME	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MIDDLEBROOK, MARK		5.2 NAME	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, SHAUN		6.2 NAME	
STREET ADDRESS	6075 GOLDE GATE PARKWAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116		6.4 CITY-ST-ZIP	

CR2E037 (5/98)

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.

SIGNATURE: Vanessa Fitz Vanessa Fitz 7/15/98 941 455-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #