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

**FILED**
**Apr 07, 1999 8:00 am**
**Secretary of State**
04-07-1999 90073 028 ****61.25

0064568

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **N97000006790**

1. Corporation Name
**HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC.**

* 3 8 1 4 8 4 *
301484 - 90073 - 28

| Principal Place of Business | Mailing Address |
|---|---|
| 6075 GOLDEN GATE PARKWAY<br>NAPLES FL 34116 | 6075 GOLDEN GATE PARKWAY<br>NAPLES FL 34116 |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>12/08/1997 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>65-0800233 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

CECIL, W. JEFFREY
4501 TAMIAMI TRAIL N., #400
NAPLES FL 34103

**10. Name and Address of New Registered Agent**

81 Name: David C. Schimmel
82 Street Address (P.O. Box Number is Not Acceptable): 6075 Golden Gate Parkway
83
84 City: Naples FL 85 Zip Code: 34116

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: D C Schimmel — 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 | FITZ, VANESSA | | 1.2 NAME | | |
| STREET ADDRESS | 1455 PELICAN AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34102 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | President | ☒ Change ☐ Addition |
| NAME | SCHIMMEL, DAVID C | | 2.2 NAME | Schimmel, David C. | |
| STREET ADDRESS | 6075 GOLDEN GATE PARKWAY | | 2.3 STREET ADDRESS | 6075 Golden Gate Parkway | |
| CITY-ST-ZIP | NAPLES FL 34116 | | 2.4 CITY-ST-ZIP | Naples, FL 34116 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GOLDEN, SUSAN | | 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 | MIDDLEBROOK, MARK | | 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 | Secretary/Treasurer | ☒ Change ☐ Addition |
| NAME | KELLY, SHAUN | | 5.2 NAME | Shaun Kelly | |
| STREET ADDRESS | 6075 GOLDE GATE PARKWAY | | 5.3 STREET ADDRESS | 6075 Golden Gate Parkway | |
| CITY-ST-ZIP | NAPLES FL 34116 | | 5.4 CITY-ST-ZIP | Naples FL 34116 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Kim Boyd | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 6075 Golden Gate Parkway | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Naples FL 34116 | |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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:** D C Schimmel SIGNATURE REQUIRED — Date — #364-1424 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR