FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

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

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DOCUMENT # N97000006790

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

Principal Place of Business
6075 GOLDEN GATE PARKWAY
NAPLES FL 34116

Mailing Address
6075 GOLDEN GATE PARKWAY
NAPLES FL 34116

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/08/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0800233 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	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

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: DC Schimmel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: FITZ, VANESSA STREET ADDRESS: 1455 PELICAN AVENUE CITY-ST-ZIP: NAPLES FL 34102	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: SCHIMMEL, DAVID C STREET ADDRESS: 6075 GOLDEN GATE PARKWAY CITY-ST-ZIP: NAPLES FL 34116	☐ DELETE	2.1 TITLE: president 2.2 NAME: Schimmel, David.C. 2.3 STREET ADDRESS: 6075 Golden Gate Parkway 2.4 CITY-ST-ZIP: Naples, FL 34116	☒ Change ☐ Addition
TITLE: D NAME: GOLDEN, SUSAN STREET ADDRESS: 6075 GOLDEN GATE PARKWAY CITY-ST-ZIP: NAPLES FL 34116	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: MIDDLEBROOK, MARK STREET ADDRESS: 6075 GOLDEN GATE PARKWAY CITY-ST-ZIP: NAPLES FL 34116	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D NAME: KELLY, SHAUN STREET ADDRESS: 6075 GOLDE GATE PARKWAY CITY-ST-ZIP: NAPLES FL 34116	☐ DELETE	5.1 TITLE: Secretary/Treasurer 5.2 NAME: Shaun Kelly 5.3 STREET ADDRESS: 6075 Golden Gate Parkway 5.4 CITY-ST-ZIP: Naples FL 34116	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE: Director 6.2 NAME: Kim Boyd 6.3 STREET ADDRESS: 6075 Golden Gate Parkway 6.4 CITY-ST-ZIP: Naples FL 34116	☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 384-1424

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