્ર્2Q01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006790

1. Entity Name

HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC.



6075 GOLDEN GATE PARKWAY NAPLES FL 34116

Principal Place of Business

Mailing Address

6075 GOLDEN GATE PARKWAY NAPLES FL 34116

2. Principal Place of Business	3. Mailing Address :
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Jul 13, 2001 8:00 am Secretary of State

04-05-2001 90083 050 ****61.25

75352

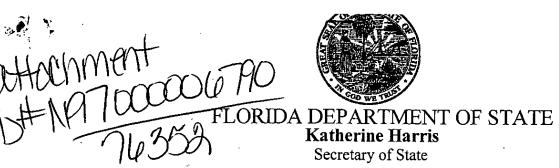


			uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
			ity & State			4. FE! Number 65-0800233				pplied For
Zip	Country	Zip		Country		5. Certificate of	Status Desired		\$8.75 Ad	lditional
	6. Name and Address of Current	Registered	d Agent			7. Name and A	ddress of New, F	egistered A	gent	
SCHIMMEL, DAVID C 6075 GOLDEN GATE PKWY NAPLES FL 34116				Name Street Address (P.O. Box Number is Not Acceptable)						
				City	FL			Zip Cod	Zip Code	
8. The above	named entity submits this statement for stat			egistered office			in the state of Flo	date		
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campaign Trust Fund Contribu						\$5.00 May Be Added to Fees		ke Check epartmen		
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIR	ECTORS IN	√ 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIMMEL, DAVID C 6075 GOLDEN GATE PARKWAY NAPLES FL 34116	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA Schio 1600	nmel, Do 5 Golden Nes, 7 L	wide Gato Po	rkus	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, SUSAN 6075 GOLDEN GATE PARKWAY NAPLES FL 34116		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· ,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, KIM 6075 GOLDE GATE PARKWAY NAPLES FL 34116	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
12. I hereby o	ertify that the information supplied with	this filing d	loes not qualify for t	he exemption st	ated in Se	ction 119.07(3)(i), f	Florida Statutes. I	further certin	fy that the in	nformation

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3541424



May 31, 2001

HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC. 6075 GOLDEN GATE PARKWAY NAPLES, FL 34116

Subject: HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC.

Reference

N97000006790

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ms ANNUAL REPORTS SECTION