2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# N97000006790

Entity Name: HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Principal Place of Business:

Current Mailing Address:

6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116

New Mailing Address:

FEI Number: 65-0800233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIMMEL, DAVID C
6075 GOLDEN GATE PKWY
NAPLES, FL 34116

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SCHIMMEL, DAVID C	
Address:	6075 GOLDEN GATE PARKWAY	
City-St-Zip:	NAPLES, FL 34116	
Title:	VPD	( ) Delete
Name:	GOLDEN, SUSAN	
Address:	6075 GOLDEN GATE PARKWAY	
City-St-Zip:	NAPLES, FL 34116	
Title:	TD	( ) Delete
Name:	KELLY, SHAUN	
Address:	6075 GOLDE GATE PARKWAY	
City-St-Zip:	NAPLES, FL 34116	
Title:	SD	( ) Delete
Name:	MAYEU, KIM	
Address:	6075 GOLDEN GATE PARKWAY	
City-St-Zip:	NAPLES, FL 34116	
Title:	D	( ) Delete
Name:	GEITEMEYER, SCOTT	
Address:	6075 GOLDEN GATE PARKWAY	
City-St-Zip:	NAPLES, FL 34116	
Title:	D	( ) Delete
Name:	LUIDHARDT, KIM	
Address:	6075 GOLDEN GATE PKWY	
City-St-Zip:	NAPLES, FL 34116	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM LUIDHARDT D 02/04/2004

Electronic Signature of Signing Officer or Director — Date

TOM SEKTON, DIRECTOR
6075 GOLDEN GATE PARKWAY
NAPLES, FL 34116