

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024328 (3)

1. Corporation Name

SOUTHWEST FLORIDA HOME BUILDERS, INC.



Principal Place of Business

1104 N COLIER BLVD
MARCO ISLAND FL 33937

Mailing Address

1104 N COLIER BLVD
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 South West Florida Home Builders Inc.

4. FEI Number

65-0603969

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3061 Golden Gate Blvd. W.

27

City & State

City & State

23 Naples Florida

28

Zip

Country

Zip

Country

24 34117

25 Collier

29

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREUSEL, JAMIE B
%BERRY & GREUSEL
1104 N COLIER BLVD
MARCO ISLAND FL 33937

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of agent, director, officer, if applicable)

Typed Registered Agent Signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GREUSEL, JAMIE B
STREET ADDRESS 1104 N COLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL 33937 ☒ DELETE

1.1 TITLE President
1.2 NAME Robert Keith Reiman
1.3 STREET ADDRESS 239 Polynesia Ct.
1.4 CITY-ST-ZIP Marco Island FL. 33937 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE Secretary
2.2 NAME Shanon Lynn Reiman
2.3 STREET ADDRESS 239 Polynesia Ct.
2.4 CITY-ST-ZIP Marco Island FL. 33937 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert K. Reiman President 6/4/96 941-552 8177

CR2E034 (12/95)

6-10-96
JR