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Secretary of State

03-05-1999 90119 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000045267

1. Corporation Name

COUNTRY HOMES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

8801 COLLEGE PKWY., #1
FT. MYERS FL 33919

Mailing Address

8801 COLLEGE PKWY., #1
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1996

4. FEI Number

65-0671197

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4516 Longboat Lane

Suite, Apt. #, etc.

City & State

23 Ft. Myers, FL

Zip Country

24 33919 **25** USA

2a. Mailing Address

26 4516 Longboat Lane

Suite, Apt. #, etc.

City & State

28 Ft. Myers, FL

Zip Country

29 33919 **30** USA

9. Name and Address of Current Registered Agent

D'ALESSANDRO, FRANK R
8801 COLLEGE PKWY., #1
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4516 Longboat Lane

83

84 City

Ft. Myers,

FL

85 Zip Code

33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable.

Frank R. D'Alessandro

February 16, 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PARTRIDGE, LAWRENCE C**

STREET ADDRESS **PO BOX 843**

CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE **D** ☐ DELETE

NAME **D'ALESSANDRO, FRANK R**

STREET ADDRESS **8801 COLLEGE PKWY., #1**

CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **D** ☐ DELETE

NAME **PARTRIDGE, TRUDY J**

STREET ADDRESS **PO BOX 843**

CITY-ST-ZIP **LEHIGH ACRES FL 33970**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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]

Frank R. D'Alessandro Feb.16, 1999 (941) 489-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)