

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 763649

**Entity Name:** HOUSING FOR THE HANDICAPPED OF ALACHUA COUNTY, INCORPORATED

**Current Principal Place of Business:**

3303 NW 83 ST  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3303 NW 83 ST  
GAINESVILLE, FL 32606 US

**FEI Number: 59-2217411**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SWAIN, MARK A  
3303 NW 83 ST  
GAINESVILLE, FL 32606 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name CRINER, DERECK  
Address 8113 NW 53RD STREET  
City-State-Zip: GAINESVILLE FL 32653

Title PRESIDENT  
Name COSTELLO, CATHY  
Address 2525 NW 19TH WAY  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name PARKER, ERIC  
Address 4880 NEWBERRY RD  
City-State-Zip: GAINESVILLE FL 32607

Title TREASURER  
Name DOERR, BEN  
Address 1411 NW 46TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

*I hereby 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 all other like empowered.*

**SIGNATURE: CATHY COSTELLO**

**PRESIDENT**

**08/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date