

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000008167

**Entity Name:** HOUSING DEVELOPMENT CORPORATION OF SW FLORIDA, INC.

**FILED**  
**May 13, 2013**  
**Secretary of State**  
**CC0313985105**

**Current Principal Place of Business:**

3200 BAILEY LANE SUITE #109  
NAPLES, FL 34105

**Current Mailing Address:**

3200 BAILEY LANE SUITE #109  
NAPLES, FL 34105

**FEI Number: 38-3695928**

**Certificate of Status Desired: No**

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

GOLDEN, SUSAN  
3200 BAILEY LANE  
SUITE 109  
NAPLES, FL 34105 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 SD  
Name SERRATA, ESMERALDA  
Address 1800 FARM WORKER WAY  
City-State-Zip: IMMOKALEE FL 34142

Title PD  
Name MC RAE, KENT  
Address 120 MOORINGS PARK  
City-State-Zip: NAPLES FL 34105

Title D  
Name PASSERI, FRANCESCA  
Address 9132 STRADA PLACE  
City-State-Zip: NAPLES FL 34108

Title VPD  
Name GOLDEN, SUSAN  
Address 2264 CLIPPER WAY  
City-State-Zip: NAPLES FL 34104

Title TD  
Name ERICKSON, ED  
Address 3200 BAILEY LANE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name VARIAN, WILLIAM  
Address 3200 BAILEY LANE  
City-State-Zip: NAPLES FL

Title DIRECTOR  
Name BEAUCHAMP, BLANCA  
Address 3200 BAILEY LANE  
City-State-Zip: NAPLES FL

Title DIRECTOR  
Name PATTERSON, KATHERINE  
Address 3200 BAILEY LANE  
City-State-Zip: NAPLES FL 34105

**Continues on page 2**

*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: KATHERINE PATTERSON**

**EXECUTIVE DIRECTOR**

**05/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT DIRECTOR  
Name PUCHALLA, MICHAEL DR.  
Address 3200 BAILEY LANE  
SUITE 109  
City-State-Zip: NAPLES FL 34105