

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011219

Entity Name: SOUTHWEST FLORIDA GWI HOUSING X, INC.**Current Principal Place of Business:**4029 PINES WAY
N FT MYERS, FL 33917**Current Mailing Address:**5100 TICE ST
N FT MYERS, FL 33905 US**FEI Number: 51-0530426****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIVITO, JOSEPH A
4514 CENTRAL AVE
ST PETERSBURG, FL 33711 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	D
Name	DEVEREAUX, JEAN
Address	1435 SE 34TH STREET
City-State-Zip:	CAPE CORAL FL 33904

Title	D
Name	SCHNEIDER, DALE
Address	7000 BARRANCAS AVE
City-State-Zip:	BOKEELIA FL 33922

Title	D
Name	ADAMS, DANIEL
Address	2180 W FIRST STREET SUITE 212
City-State-Zip:	FT MYERS FL 33901

Title	DIRECTOR
Name	SULLIVAN, MICHAEL
Address	5100 TICE STREET
City-State-Zip:	N FT MYERS FL 33905

Title	D
Name	POTTORF, RAY V
Address	950 AQUA LANE
City-State-Zip:	FT MYERS FL 33919

Title	D
Name	HAMEL/DOZIER, SHARLENE
Address	1387 WALES DRIVE
City-State-Zip:	FORT MYERS FL 33901

Title	VP
Name	EVANCHYK, RICK
Address	5100 TICE STREET
City-State-Zip:	N FT MYERS FL 33905

Title	SECRETARY, TREASURER
Name	SPIELMAN, JOSEPH
Address	5100 TICE STREET
City-State-Zip:	N FT MYERS FL 33905

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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: RICK EVANCHYK**VP****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BARRETT, WILLIAM
Address	5100 TICE STREET
City-State-Zip:	N FT MYERS FL 33905