

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

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

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

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

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

Title DIRECTOR  
Name SULLIVAN, MICHAEL  
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

**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: 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