

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006790

Entity Name: HOUSING ALTERNATIVES OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**6075 BATHEY LN
NAPLES, FL 34116**Current Mailing Address:**6075 BATHEY LN
NAPLES, FL 34116 US**FEI Number:** 65-0800233**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HL STATUTORY AGENT, INC.
5811 PELICAN BAY BOULEVARD
STE 650
NAPLES, FL 34108 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 PRESIDENT
Name BURGESS, SCOTT
Address 6075 BATHEY LN
City-State-Zip: NAPLES FL 34116

Title C
Name KELLY, SHAWN
Address 6075 BATHEY LN
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name BELLI, BEVERLY
Address 6075 BATHEY LN
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name STEFAN, MARK
Address 6075 BATHEY LANE
City-State-Zip: NAPLES FL 34116

Title TREASURER
Name PATRICK, KRISTA
Address 6075 BATHEY LN
City-State-Zip: NAPLES FL 34116

Title SECRETARY
Name ESWORTHY, KIM
Address 6075 BATHEY LN
City-State-Zip: NAPLES FL 34116

Title DIRECTOR
Name WATSON, MITCHELL
Address 6075 BATHEY LN
City-State-Zip: NAPLES FL 34116

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: KIM ESWORTHY**SECRETARY****01/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date