FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 25 1998 8:00am
Secretary of State

DOCUMENT # N97000000167 (3)

1. Corporation Name

THE SWISS AMERICAN SOCIETY OF THE GOLD COAST, IN C.

Principal Place of Business	Mailing Address
7650 OAKWOOD AVENUE BOCA RATON FL 33487	7650 OAKWOOD AVENUE BOCA RATON FL 33487

3. Date Incorporated or Qualified: 01/13/1997

4. FEI Number: 65-0710502 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 17650 OAKWOOD AVE	26 17650 OAKWOOD AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33487 Country 25	Zip 29 33487 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTI, ROLF
17650 OAKWOOD AVENUE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	ROLF MARTI	
STREET ADDRESS	17650 OAKWOOD AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	HANS MOENCH	
STREET ADDRESS	10325 NE 63rd DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	SECRETARY	☐ DELETE
NAME	ROSEMARY HARRIS	
STREET ADDRESS	1975 NE 6?? STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TREASURER	☐ DELETE
NAME	CHRISTIAN MEIER	
STREET ADDRESS	4799 NW 96th DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SERGEANT AT ARMS	☐ DELETE
NAME	ROMY HOCHREUTENER	
STREET ADDRESS	4393 HUNTING TRAIL	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. MEIER 6/1/98 954 ???-1606 x119