## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

(8)

THE SWITZERLAND COMMUNITY CLUB

1112 01	MIDDIES OF THE PROPERTY OF THE					
Principal Place of Business		Mailing Address			)	
377 HICKORY ACRES LANE SWITZERLAND FL 32259 US		377 HICKORY ACRES LANE SWITZERLAND FL 32259-8320 US				
					3. Date Incorporated or Qualified 08/30/1978	3a. Date of Last Report 02/21/1996
2. Principal Pi	ace of Business	28. Mailing Address		4. FEI Number 59-6617540	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29	30			Yes 🔀 No
•	9. Name and Address of Curren	t Registered Agent	61	Name	10. Name and Address of New Re	pistered Agent
AKERLEY	A. J.M.		82		ress (P.O. Box Number is Not Acceptab	lo)
377 HICK	KORY ACRES LANE		83		1055 (F.O. DOX NUMBER IS NOT Acceptac	
SWITZER	LAND FL 32259		"			
			84	1 '		FL 85 Zip Code
11. Pursuant in office or reagent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State m familier with, and accept the obliga	2 and 617.1508, Florida State of Florida. Such change was ations of, Section 617.0503, F	utes, the abov s authorized b Florida Statute	re-named corpora by the corpora ss.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			jon! signature requ	lred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12. TITLE	OFFICERS ANI	D DIRECTORS DELETE	13. 1.1 TITLE	····	ADDITIONS/CHANGES TO OFFIC	Change Addition
	PURVIS, WILLIAM	otten	1.2 NAME			
NAME	555 GOLDEN POND RD					
STREET ADDRESS	SWITZERLAND FL			T ADDRESS		
CITY-ST-ZIP TITLE			1.4 City - 2.1 Title	\$1-ZIP		Change Addition
- NAME	WELLINGS, JEFF		2.2 NAME			
STREET ADDRESS	The second of th			T ADDRESS	₩ <u>%</u>	
'	SWITZERLAND FL	.viiitt	2.4 CITY			
CITY-ST-ZIP TITLE	SD SD	DELETE	3.1 T(TLE	-31-20		Change Addition
NAME			3.2 NAME			•
STREET ADDRESS	The Addition PACE		1	T ADDRESS		
CITY-ST-ZIP	FRUITCOVE FL		3.4. CITY-			
TITLE	D DELFTE		4.1 TITLE	···		Change Addition
NAME	WILLIAMS, BEN		4. 2 NAMI			
STREET ADDRESS	796 OAKVALE RD		4.3 S1RE	T ADDRESS		
CITY-ST-ZIP	FRUIT COVE FL		4.4 C(1)Y-	ST-ZIP		
TITLE			5.1 TITLE			☐ Change ☐ Addition
NAME	JORDAN, DONALD		5.2 NAME			
STREET ADDRESS	1931 GROVE BLUFF RD.		5.3 STREE	T ADDRESS		
CITY ST-2P	SWITZERLAND FL		5.4 CITY-	ST-ZIP		
TITLE:	10	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME ?	AKERLEY, J M		6.2 NAME			
STREET ADDRESS	377 HICKORY ACRES LANE		6.3 STREE	T ADDRESS		
	QUITTEDI AND EI		6.4.017.7	ar *:-		

14. I do 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.

**FILED** 

Apr 08 1997 8:00am

Secretary of State