


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90131 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744110					
1. Corporation Name THE SWITZERLAND COMMUNITY CLUB					
Principal Place of Business 377 HICKORY ACRES LANE SWITZERLAND FL 32259 US			Mailing Address 377 HICKORY ACRES LANE SWITZERLAND FL 32259 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1978	
22 City & State		27 City & State		4. FEI Number 59-6617540	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AKERLEY, J M 377 HICKORY ACRES LANE SWITZERLAND FL 32259			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	PURVIS, WILLIAM				
STREET ADDRESS	555 GOLDEN POND RD				
CITY-ST-ZIP	SWITZERLAND FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	WELLINGS, JEFF				
STREET ADDRESS	869 GROVE BLUFF CIRCLE NORTH				
CITY-ST-ZIP	SWITZERLAND FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, LOUANN				
STREET ADDRESS	796 OAKDALE ROAD				
CITY-ST-ZIP	FRUITCOVE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, BEN				
STREET ADDRESS	796 OAKVALE RD				
CITY-ST-ZIP	FRUIT COVE FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	JORDAN, DONALD				
STREET ADDRESS	1931 GROVE BLUFF RD.				
CITY-ST-ZIP	SWITZERLAND FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	AKERLEY, J M				
STREET ADDRESS	377 HICKORY ACRES LANE				
CITY-ST-ZIP	SWITZERLAND FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					



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, with all other like empowered.

SIGNATURE: J. M. AKERLEY J. M. Akerley TD 3-18-99 904-287-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)