


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90096 023 ****61.25

DOCUMENT # N11452 1. Entity Name SWITZERLAND/GROVE BLUFF ASSOCIATION, INC.					
Principal Place of Business % MARY L. JORDAN 1931 GROVE BLUFF RD SWITZERLAND, FL 32259-9233 US			Mailing Address % MARY L. JORDAN 1931 GROVE BLUFF RD SWITZERLAND, FL 32259-9233 US		
2. Principal Place of Business 46 Nancy Lesso Suite, Apt. #, etc. 1975 Grove Bluff Rd. City & State Switzerland FL Zip 32259		3. Mailing Address 46 Nancy Lesso Suite, Apt. #, etc. 1975 Grove Bluff Rd. City & State Switzerland FL Zip 32259		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JORDAN, MARY L 1931 GROVE BLUFF RD SWITZERLAND, FL 32259-9233			
7. Name and Address of New Registered Agent Name Nancy Lesso Street Address (P.O. Box Number is Not Acceptable) 1975 Grove Bluff Road City Switzerland FL Zip Code 32259		8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Nancy Lesso</i></u> NANCY LESSO <u>2-12-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, MARY L 1931 GROVE BLUFF RD SWITZERLAND, FL 322599233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nancy Lesso 1975 Grove Bluff Road Switzerland Florida 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIEBENDORFER, KIM 840 GROVE BLUFF CR. N. JACKSONVILLE, FL 322599233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Sallye Thomas 1938 Grove Bluff Road Switzerland, Florida 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZGERALD, MYRNA 1954 GROVE BLUFF CIR W SWITZERLAND, FL 322599233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peggy Conover 863 Grove Bluff Cir N Switzerland FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOTMAN, BOB A 1922 GROVE BLUFF RD SWITZERLAND, FL 322599233	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Nancy Lesso</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-12-06</u> <u>904-287-2034</u> <small>Date Daytime Phone #</small>		