

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90045 007 \*\*\*\*61.25

**DOCUMENT # N11452**

1. Entity Name  
**SWITZERLAND/GROVE BLUFF ASSOCIATION, INC.**



Principal Place of Business  
**% NANCY LESSO**  
**1975 GROVE BLUFF RD**  
**JACKSONVILLE, FL 32259 US**

Mailing Address  
**% NANCY LESSO**  
**1975 GROVE BLUFF RD**  
**JACKSONVILLE, FL 32259 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESSO, NANCY**  
**1975 GROVE BLUFF RD**  
**JACKSONVILLE, FL 32259**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**P**  
**LESSO, NANCY** ☐ Delete  
**1975 GROVE BLUFF RD**  
**SWITZERLAND, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**JOYCE KINDSVOGEL** ☒ Change ☐ Addition  
**1930 Grove Bluff Circle East**  
**Switzerland FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP**  
**THOMAS, SALLYE** ☐ Delete  
**1938 GROVE BLUFF RD**  
**SWITZERLAND, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DAN APPELO** ☒ Change ☐ Addition  
**1940 Grove Bluff Circle East**  
**Switzerland FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD**  
**FITZGERALD, MYRNA** ☐ Delete  
**1954 GROVE BLUFF CIR W**  
**SWITZERLAND, FL 322599233**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LYNELL GRIMES** ☒ Change ☐ Addition  
**1923 Grove Bluff Circle East**  
**Switzerland FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T**  
**CONOVER, PEGGY** ☐ Delete  
**863 GROVE BLUFF CIR N**  
**SWITZERLAND, FL 32259**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-07

287-3637