

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 23, 2007**  
**Secretary of State**

DOCUMENT# N11452

**Entity Name:** SWITZERLAND/GROVE BLUFF ASSOCIATION, INC.**Current Principal Place of Business:**% NANCY LESSO  
1975 GROVE BLUFF RD  
JACKSONVILLE, FL 32259 US**New Principal Place of Business:**% JOYCE KINDSVOGEL  
1930 GROVE BLUFF CIRCLE EAST  
JACKSONVILLE, FL 32259 US**Current Mailing Address:**% NANCY LESSO  
1975 GROVE BLUFF RD  
JACKSONVILLE, FL 32259 US**New Mailing Address:**% JOYCE KINDSVOGEL  
1930 GROVE BLUFF CIRCLE EAST  
JACKSONVILLE, FL 32259 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LESSO, NANCY  
1975 GROVE BLUFF RD  
JACKSONVILLE, FL 32259 US**Name and Address of New Registered Agent:**KINDSVOGEL, JOYCE  
1930 GROVE BLUFF CIRCLE EAST  
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: JOYCE KINDSVOGEL

02/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: KINDSVDGEL, JOYCE  
Address: 1930 GROVE BLUFF CIRCLE EAST  
City-St-Zip: SWITZERLAND, FL 32259Title: VP ( ) Delete  
Name: APPLO, DAN  
Address: 1940 GROVE BLUFF CIRCLE EAST  
City-St-Zip: SWITZERLAND, FL 32259Title: SD ( ) Delete  
Name: GRIMES, LYNELL  
Address: 1923 GROVE BLUFF CIRCLE EAST  
City-St-Zip: SWITZERLAND, FL 32259Title: T ( ) Delete  
Name: CONOVER, PEGGY  
Address: 863 GROVE BLUFF CIR N  
City-St-Zip: SWITZERLAND, FL 32259**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: KINDSVOGEL, JOYCE  
Address: 1930 GROVE BLUFF CIRCLE EAST  
City-St-Zip: SWITZERLAND, FL 32259Title: VP (X) Change ( ) Addition  
Name: APPELO, DAN  
Address: 1940 GROVE BLUFF CIRCLE EAST  
City-St-Zip: SWITZERLAND, FL 32259Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY CONOVER

T

02/23/2007

Electronic Signature of Signing Officer or Director

Date