2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11452

FILED Apr 02, 2011 Secretary of State

Entity Name: SWITZERLAND/GROVE BLUFF ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

% LORRAINE ENSZ JULIE GILLESPIE

1942 GROVE BLUFF CIRCLE W 2045 GROVE BLUFF ROAD ST JOHNS, FL 322599299 US ST JOHNS, FL 322599299 US

Current Mailing Address: New Mailing Address:

% LORRAINE ENSZ JULIE GILLESPIE

1942 GROVE BLUFF CIRCLE W 2045 GROVE BLUFF ROAD ST JOHNS, FL 322599299 US ST JOHNS, FL 322599299 US

FEI Number: 20-4021323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ENSZ, LORRAINE

1942 GROVE BLUFF CIRCLE W

ST JOHNS, FL 322599299 US

GILLESPIE, JULIE

1942 GROVE BLUFF ROAD

ST JOHNS, FL 322599299 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: JULIE GILLESPIE 04/02/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: SMITH, MARK

Address: 843 GROVE BLUFF CIRCLE N City-St-Zip: ST JOHNS, FL 32259

Title: VP

Name: SHAUGHNESSY, TOM
Address: 1934 GROVE BLUFF CIR W
City-St-Zip: ST JOHNS, FL 32259

Title: S

Name: FITZGERALD, MYRNA Address: 1954 GROVE BLUFF CIRCLE W

City-St-Zip: ST JOHNS, FL 32259

Title: T

Name: GILLESPIE, JULIE

Address: 2045 GROVE BLUFF ROAD City-St-Zip: ST JOHNS, FL 322599299

I hereby 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 all other like empowered.

SIGNATURE: JULIE GILLESPIE TRES 04/02/2011