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FILED  
Apr 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19367 (4)  
1. Corporation Name

SWISS GOLF & TENNIS CLUB HOMEOWNERS ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

1 MARINA DR.  
WINTER HAVEN FL 33881

1 MARINA DR.  
WINTER HAVEN FL 33881-9710

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
02/23/1987

3a. Date of Last Report  
04/11/1996

4. FEI Number  
59-2802166

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

WILSON, STUART  
69 GREENVIEW DRIVE  
WINTER HAVEN FL 33881

81 Name

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

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCNUTT, CONSTANCE  
STREET ADDRESS 177 FAIRWAY CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE VD  
NAME GRIFFITH, ROBERT  
STREET ADDRESS 238 FAIRWAY CIRCLE  
CITY-ST-ZIP WINTER HAVEN FL ☒ DELETE

TITLE SD  
NAME PHELPS, MARIE FOSTER  
STREET ADDRESS 68 GREENVIEW DRIVE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE TD  
NAME GUSSETT, MARILYN  
STREET ADDRESS 21 MARINA DRIVE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE D  
NAME TRUMP, PHIL  
STREET ADDRESS 178 FAIRWAY CR  
CITY-ST-ZIP WINTER HAVEN FL ☒ DELETE

TITLE D  
NAME ARENS, TED  
STREET ADDRESS 126 GREENVIEW DRIVE  
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME LEN CONTARDO  
2.3 STREET ADDRESS 278 PUTTER CIRCLE  
2.4 CITY-ST-ZIP WINTER HAVEN FL 33881

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME TOM SHIRTS  
5.3 STREET ADDRESS 144 GREENVIEW DRIVE 33881  
5.4 CITY-ST-ZIP WINTER HAVEN FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)