

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

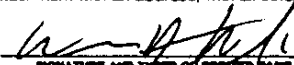
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Feb 13, 2007 8:00 am
Secretary of State

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02032007 Chg-NP CR2E037 (12/06)

DOCUMENT # N95000004889					
1. Entity Name SWISS VILLAGE, INC.					
Principal Place of Business 365 BERN DR WINTER HAVEN, FL 33881 US			Mailing Address 235 ALPINE DRIVE WINTER HAVEN, FL 33881 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3359400	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE JAY COLLING & ASSOCIATE S,PA 529 VERSAILLES DR. SUITE 103 MAITLAND, FL 32751			7. Name and Address of New Registered Agent		
			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 WILLIAM A MAKI, TREASURER					
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 LUNDY, CHARLES MR 241 ALPINE DR WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRISON, LESLIE MR 155 ZERMATT DR WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GEORGE, STEVE MR 179 GENEVA DR WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REGAN, JOHN MR 384 ALPINE DR WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MAKI, WILLIAM MR 235 ALPINE DRIVE WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MC DANIEL SHARON MS 207 EDELWEISS DR WINTER HAVEN, FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOODWIN, LARRY MR 204 EDELWEISS DR WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERDUE, THEO MR 275 ALPINE DR WINTER HAVEN, FL 33881	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAUGHLIN, ROSEMARY MRS 276 ALPINE DRIVE WINTER HAVEN, FL 33881	☒ 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: 		WILLIAM A MAKI, TREASURER		2/05/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	