

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90030 029 \*\*\*\*61.25

**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**

4000000



2. Principal Place of Business - No P.O. Box #  
**241 ALPINE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-NP CR2E037 (12/06)

City & State

City & State  
**WINTER HAVEN, FL**

4. FEI Number  
**59-3359400**

Applied For  
Not Applicable

Zip

Country

Zip  
**33881**

Country  
**US**

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

**LEE JAY COLLING & ASSOCIATE'S, PA  
682 MAITLAND AVE  
ALTAMONTE SPRINGS, FL 32701**

Name

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

**529 VERSAILLES DR. SUITE 103**

City  
**MAITLAND**

**FL**

Zip Code  
**32751**

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.

**CHARLES LUNDY, PRESIDENT**

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, 2008**

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  
**VP  
GEORGE, STEVE MR  
179 GENEVA DR  
WINTER HAVEN, FL 33881** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MCCOLLUM, RICHARD MR  
107 RIGI SLOPE  
WINTER HAVEN, FL 33881** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
PACKETT, MANNY MR  
246 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  
**S  
GOODWIN, LARRY MR  
204 EDELWEISS DR  
WINTER HAVEN, FL 33881** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
GLOGOWSKI, CHERYL MRS  
254 ALPINE DR  
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  
**D  
HARRISON, LESLIE MR  
155 ZERMATT DR  
WINTER HAVEN, FL 33881** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
REGAN, JOHN MR  
384 ALPINE DR  
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:** *Charles Lundy* **CHARLES LUNDY, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

*2-4-2008*

*863307-4782*

Date

Daytime Phone #