

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000167

1. Entity Name
THE SWISS AMERICAN SOCIETY OF THE GOLD COAST,
INC.



Principal Place of Business
17650 OAKWOOD AVE
BOCA RATON, FL 33487 US

Mailing Address
17650 OAKWOOD AVE
BOCA RATON, FL 33487 US



02092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0710502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTI, ROLF
17650 OAKWOOD AVENUE
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTI, ROLF
STREET ADDRESS	17650 OAKWOOD AVE
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VPD
NAME	HARRIS, ROSEMARY
STREET ADDRESS	1975 NE 6TH ST
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	TD
NAME	MEIER, CHRISTIAN
STREET ADDRESS	4799 NW 96TH DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	SD
NAME	JETZER, JULIE
STREET ADDRESS	1106 SE 10TH TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	SD
NAME	BILDIK-KEVORK, THERESA
STREET ADDRESS	1231 VAN BUREN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000227778
02/14/05-80012-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHRISTIAN MEIER, TD 2/9/2005 954-776-1606

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