

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90047 045 ****61.25

DOCUMENT # N98000002523					
1. Entity Name SWISS GOLF AND TENNIS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business ONE MARINA DR., N.E. WINTER HAVEN, FL 33881			Mailing Address ONE MARINA DR., N.E. WINTER HAVEN, FL 33881		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03192005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3532918				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, DANIEL W ESQ. 1920 E. ROBINSON ST. ORLANDO, FL 32803			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME JACOBS, THOMAS STREET ADDRESS 321 PATTEN CIR CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
TITLE S NAME CORKENDALL, JOYCE STREET ADDRESS 1011 EAGLE DR CITY-ST-ZIP WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete				
TITLE T NAME PEPE, ENRICO J STREET ADDRESS 765 CENTURY LN. CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
TITLE D NAME WISE, CHER L STREET ADDRESS 1075 EAGLE DR CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
TITLE D NAME BEHRING, JAMES A STREET ADDRESS 167 FAIRWAY CIR CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
TITLE V NAME BERRY, MICHAEL J JR STREET ADDRESS 1035 HOOK LANE CITY-ST-ZIP WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete				
12. I 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 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: <i>Thomas S. Jacobs</i> 3-22-05 923-404-055			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	