

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002523

FILED
Feb 25, 2006
Secretary of State

Entity Name: SWISS GOLF AND TENNIS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

ONE MARINA DR., N.E.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

ONE MARINA DR., N.E.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3532918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, DANIEL W ESQ.
1920 E. ROBINSON ST.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

WILLIAMS, DONALD
1068 EAGLE DR.
WINTER HAVEN, FL 33881 US

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.

SIGNATURE: DONALD WILLIAMS

02/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, THOMAS
Address: 321 PUTTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: HANSEN, SYLVIA
Address: 1007 EAGLE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: T () Delete
Name: PEPE, ENRICO J
Address: 765 CENTURY LN.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: WISE, CHARLIE
Address: 1075 EAGLE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: BEHRING, JAMES A
Address: 167 FAIRWAY CIR
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: BERRY, MICHAEL J JR
Address: 1035 HOOK LANE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACOBS, THOMAS G
Address: 321 PUTTER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S (X) Change () Addition
Name: HANSON, SYLVIA
Address: 1007 EAGLE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G JACOBS

P

02/25/2006

Electronic Signature of Signing Officer or Director

Date