2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

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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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JACOBS, THOMAS G	
Address:	321 PUTTER CIRCLE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	S	( ) Delete
Name:	HANSON, 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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SCHUTZ, EDWARD J	
Address:	69 GREENVIEW	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	(X) Change ( ) Addition
Name:	NICELY, ROBERT	
Address:	383 TENNIS LN	
City-St-Zip:	WINTER HAVEN, FL 33881	
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 03/08/2007

Electronic Signature of Signing Officer or Director — Date