2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006128

Apr 01, 2009 Secretary of State

Entity Name: SWISS AMERICAN CLUB OF SW FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 4880 CORAL WOOD DRIVE NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 4880 CORAL WOOD DRIVE NAPLES, FL 34119 FEI Number: 59-3543776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZAHNER, PETER 23401 CÁRAWAY LAKES DR. BONITA SPRINGS, FL 34135 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STROTHER, ROSMARIE F Name: Name: 4880 CORAL WOOD DRIVE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition CHRISTINGER, WERNER Name: MOSER, DORI Name: Address: 22461 GLENVIEW LANE Address: 2076 IMPERIAL CIR. City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: NAPLES, FL 34110 Title: () Delete Title: SD (X) Change () Addition KIPFER, JEAN GEEL, CHRISTOPH Name: Name: 14725 KIMBERLY LANE 2565 SAWGRASS LAKE CT. Address: Address: City-St-Zip: FT MYERS, FL 33908 City-St-Zip: CAPE CORAL, FL 33909 Title: TD () Delete Title: TD (X) Change () Addition Name: ZAHNER, THERESE Name: BAUD, HERMANN Address: 23401 CARAWAY LAKES DR. Address: 2231 E. 5TH STREET, APT. 206 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: LEHIGH ACRES, FL 33972 Title: () Delete Title: () Change () Addition HEIERLI, WALTER Name: Name: 5008 SW 17TH AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: (X) Change () Addition KIPFER, JEAN MOSER, DORI Name: Name: Address: 2076 IMPERIAL CIR. Address: 14725 KIMBERLY LANE NAPLES, FL 34110 FT. MYERS, FL 33908 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROSMARIE STROTHER PD 04/01/2009